https://www.incontri.covid-19.it



PRESENTAZIONE RELATORI

Stefano Cipolloni

- **Ex ricercatore CNR** nel campo dei semiconduttori organici (info su *https://www.viaggiepianoforte.com/europa/gli-anni-della-ricerca-al-cnr*)
- **Fisico professionista,** iscritto Ordine OCF dei Chimici e dei Fisici delle Marche settore Fisica sezione A con N. iscrizione 808 (professione sanitaria)
- **Insegnante di ruolo**, abilitazioni A027-A028 (Matematica, Fisica e Scienze) Liceo Scientifico Corridoni-Campana di Osimo (AN)
- **Piccolo imprenditore** con ditta individuale SOL di Stefano Cipolloni settore Fotovoltaico-Energie Rinnovabili (*www.energeticasol.it*)
- **Blogger indipendente** (*www.viaggiepianoforte.com*)



Foto da ricercatore



Foto iscrizione OCF



Foto “politicamente corretta” in locandina



Foto “politicamente scorretta” nel blog (periodo di conversione...)

APPLIED PHYSICS LETTERS 86, 1 (2005)

High-field-effect-mobility pentacene thin-film transistors with polymethylmetacrylate buffer layer

F. De Angelis, S. Cipolloni, L. Mariucci,[a)] and G. Fortunato
IFN-CNR, via Cineto Romano 42, 00156 Roma

(Received 5 January 2005; accepted 7 April 2005)

A thin film of polymethylmetacrylate (PMMA) acting as a buffer layer has been employed in order to fabricate high-quality pentacene thin-film transistors (TFTs), both in bottom contact and top contact configuration. A PMMA buffer layer allows to reduce the interaction between a π-conjugated system of pentacene and the metal or dielectric substrate. We show that a thin PMMA buffer layer improves crystal quality along the metal contacts' boundaries, while still allowing good ohmic contact. Pentacene TFTs, including a PMMA buffer layer, show very high field-effect mobility, μ_{FE}=0.65 and 1.4 $cm^2/V\,s$, for bottom and top contact configuration, respectively, and remarkable steep subthreshold region. © *2005 American Institute of Physics.*
[DOI: 10.1063/1.1931833]

Contents lists available at ScienceDirect

Thin Solid Films

journal homepage: www.elsevier.com/locate/tsf

Pentacene TFTs with parylene passivation layer

D. Simeone, S. Cipolloni, L. Mariucci *, M. Rapisarda, A. Minotti, A. Pecora, M. Cuscunà, L. Maiolo, G. Fortunato

CNR-IMM, via del Fosso del Cavaliere 100, 00133 Roma, Italy

ARTICLE INFO

Available online xxxx

Keywords:
Pentacene TFT
Environmental stability
Passivation layer

ABSTRACT

We have fabricated bottom contact pentacene TFTs on flexible polyimide substrate and silicon substrate using different passivation layers in order to reduce the electrical instability of pentacene devices, induced by water diffusion in the film, as evidenced by electrical measurements under different environments. Experimental data show that parylene passivation layer does not introduce appreciable degradation of device characteristics and allows standard lithographic process, but it is not an effective barrier for water diffusion. The encapsulation of pentacene TFTs with an additional acryl layer does not reduce the device sensitivity to the water, whereas devices encapsulated by a parylene/acryl/aluminum triple layer do not show increase of transfer characteristics hysteresis when measured in air.

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APPLIED PHYSICS LETTERS **88**, 193508 (2006)

Aging effects in pentacene thin-film transistors: Analysis of the density of states modification

F. De Angelis, S. Cipolloni, L. Mariucci, and G. Fortunato
IFN-CNR, Via Cineto Romano 42, 00156 Rome, Italy

(Received 9 August 2005; accepted 17 April 2006; published online 11 May 2006)

Field effect analysis has been employed in order to calculate the density of states of high quality pentacene thin-film transistors. The degradation of the electrical characteristics caused by the exposure to air has been studied and discussed in term of density of states modification. The calculated density of the states has been approximated by two exponential terms, as in amorphous silicon, and it has been used in a two-dimensional numerical simulation in order to reproduce the electrical characteristic variation with respect of the temperature and aging time. © *2006 American Institute of Physics*. [DOI: 10.1063/1.2203742]

ELSEVIER

Available online at www.sciencedirect.com
ScienceDirect

Thin Solid Films 515 (2007) 7546 – 7550

thin solid films
www.elsevier.com/locate/tsf

Aging effects and electrical stability in pentacene thin film transistors

S. Cipolloni, L. Mariucci *, A. Valletta, D. Simeone, F. De Angelis, G. Fortunato

IFN-CNR, Via Cineto Romano 42, 00156, Roma, Italy

PRESENTAZIONE RELATORI

Stefano Cipolloni

- **Ex ricercatore CNR** nel campo dei semiconduttori organici (info su *https://www.viaggiepianoforte.com/europa/gli-anni-della-ricerca-al-cnr*)
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- **Blogger indipendente** (*www.viaggiepianoforte.com*)



Foto da ricercatore



Foto iscrizione OCF



Foto “politicamente corretta” in locandina



Foto “politicamente scorretta” nel blog (periodo di conversione...)

PRESENTAZIONE RELATORI

Dott. Paolo Bellavite



- **Medico chirurgo** con specializzazione in Ematologia clinica e di laboratorio
- **Docente universitario**
- Docente presso Scuola Medicina Omeopatica di Verona
- **Ricercatore scientifico** nel campo della vaccinologia e medicina complementare
- **Autore di oltre 300 lavori scientifici** pubblicati in vari settori (medicina complementare, vaccinologia, nutracetica, insulino-resistenza etc...)
- **Divulgatore scientifico** (15 libri scritti)
- **Parte dei "Top italian scientists"** avendo indice H di 56
- **Ma soprattutto…**

EROE NAZIONALE!

COVID-19:
DUE NARRAZIONI A CONFRONTO

CICLO DI CONFERENZE

Approfondimenti su tutti gli aspetti medico-scientifici della recente pandemia, in particolare sulla vaccinazione e sulle possibili cure degli effetti avversi.

SECONDO INCONTRO

La vaccinazione pediatrica
tra miti e luoghi comuni

I RELATORI



Dott. Paolo Bellavite
Ematologo e vaccinologo
Ricercatore universitario



Prof. Stefano Cipolloni
Fisico, docente,
autore del libro *Pandemenza*

VENERDÌ 30 OTTOBRE 2026

18:30 – 20:30

Auditorium comunale
G. Tebaldini
Viale A. De Gasperi, 124
San Benedetto del Tronto (AP)

Programma completo ed aggiornamenti
www.incontri.covid-19.it

Ingresso gratuito ad offerta libera

SURSUM CORDA!

https://www.viaggiepianoforte.com/libri-e-pensieri

VIAGGI & PIANOFORTE

CHI SONO UNA FOTO UN VIAGGIO LIBRI & PENSIERI

Libri e saggi



Scarica la copertina completa

La pandemia da Coronavirus che per oltre 3 anni ha sconvolto il mondo è stata indubbiamente la più grande menzogna scientifica della storia: le élite transumaniste del WEF con la complicità di istituzioni politiche e religiose, della classe medico scientifica e di una stampa totalmente asservita, hanno attuato un'immensa strage degli innocenti mediante un virus creato in laboratorio, negazione di cure valide, imposizione di protocolli medici assassini e soprattutto inoculazione di sieri genici sperimentali spacciati per vaccini.

Non è stato un errore, è stato dolo: c'è stata volontà diabolica, scientificamente studiata a tavolino e preparata nel tempo, di danneggiare ed uccidere. In questo libro, anche autobiografico, si vuole proprio dimostrare tale fortissima affermazione, ricordando però non solo gli aspetti medico scientifici della vicenda ma anche quelli umani, sociali, psicologici, religiosi, giuridici ed economici, assolutamente non secondari rispetto ai primi.

Nessuno spazio però al pessimismo ed alla disperazione perché Gesù stesso ci ha assicurato che «le porte degli inferi non prevarranno»: noi "guerrieri della Luce" abbiamo la certezza che alla fine vinceremo.

Acquista Estratto del libro Bibliografia

bibliografia.viaggiepianoforte.com/pandemenza

Esci



Pandemenza

N° nota oppure titolo, autore, editore...

Filtri

525 voci bibliografiche

INTRODUZIONE

1 **Perlis R.H** *et alias*, ***Trust in Physicians and Hospitals During the COVID-19 Pandemic in a 50-State Survey of US Adults.*** JAMA Network Open, Luglio 2024 (1.2 MB)

2 **Blaylock R.L.**, ***COVID UPDATE: What is the truth?*** Surgical Neurology International, Aprile 2022 (286.9 KB)

PROGRAMMA 30 OTTOBRE 2026

Il incontro di ciclo di 6 conferenze sul Covid-19

18.30 – 19.10 (40 minuti - Stefano Cipolloni)

- Disastri vaccinali nella storia
- Il caso Wakefield
- Adiuvanti e contaminanti nei vaccini
- Correlazione tra vaccinazione ed NDD/ASD/autoimmunità

19.10 – 19.50 (40 minuti - Dott. Paolo Bellavite)

- Immunità di gregge
- Obblighi vaccinali e legge Lorenzin
- Il caso recente difterite di Palermo

19.50 – 20.15 (20-25 minuti - Stefano Cipolloni)

- Farmacovigilanza attiva e passiva
- Le tecniche di Big Pharma: falso placebo e framing asimmetrico
- Fallacie logiche in vaccinologia

20.15 – 20.30 dibattito / domande al dott. Paolo Bellavite

20.30 – 21.00 aperitivo offerto (OFFERTA LIBERA)

AVE MARIA IN LATINO

In nómine Patris et Fílii et Spíritus Sancti. Amen.

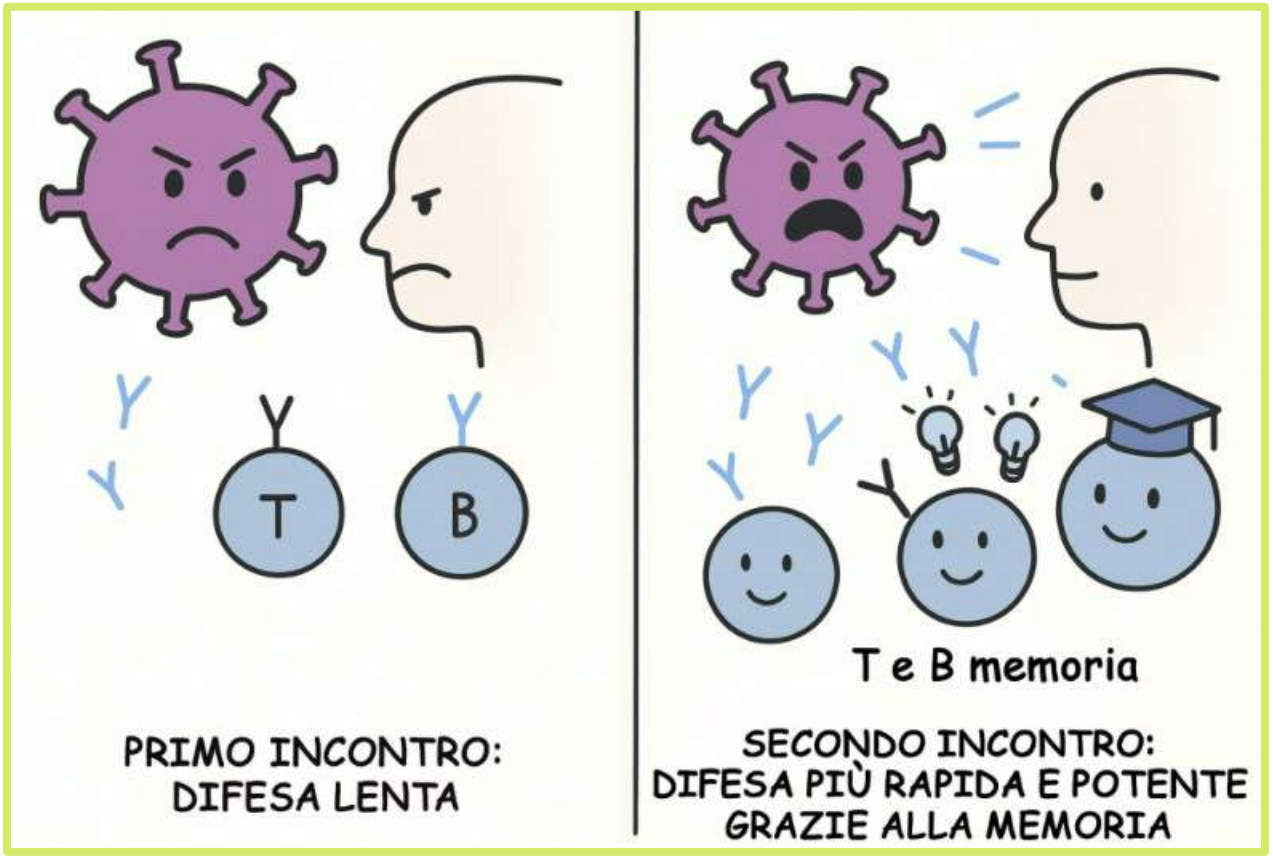
Ave, Maria, grátia plena,
Dóminus tecum.
Benedícta tu in muliéribus,
et benedíctus fructus ventris tui, Iesus.
Sancta María, Mater Dei,
ora pro nobis peccatóribus,
nunc et in hora mortis nostrae.
Amen.

In nómine Patris et Fílii et Spíritus Sancti. Amen.

PRINCIPIO BASE DELLA VACCINOLOGIA: LA MEMORIA IMMUNOLOGICA

Il sistema immunitario ha la capacità di riconoscere, ricordare e neutralizzare in modo rapido e mirato un agente patogeno (virus o batterio) a seguito di un contatto precedente.

L'obiettivo dei vaccini è simulare questo primo contatto (in totale sicurezza), "istruendo" l'organismo ma senza causare la malattia.



DISASTRI VACCINALI NELLA STORIA

- **<u>Lubecca, Germania (1930)</u>**: vaccino per la tubercolosi erroneamente preparato a 200 bambini, 72 morti
- **Gruaro, Italia (1933)**: vaccino per la difterite erroneamente preparato a 253 bambini, tutti con gravi effetti, 28 morti
- **Giappone (1948)**: incidente simile a Gruaro, 40 bambini morti
- **Caso Cutter, USA (1955)**: vaccino poliomielite erroneamente preparato (azienda era a conoscenza dei rischi ed ha proseguito la somministrazione), 400.000 somministrazioni, migliaia di paralisi, 164 gravissime ed irreversibili, 10 decessi prima del ritiro del vaccino.



reviews

BOOKS • CD ROMS • ART • WEBSITES • MEDIA • PERSONAL VIEWS • SOUNDINGS

The Cutter Incident: How America's First Polio Vaccine Led to the Growing Vaccine Crisis

Paul Offit

Yale University Press, £17.95, pp 240
ISBN 0 300 10864 8
www.yalebooks.co.uk

Rating: ★★★☆

When I lecture medical students on immunisation, I explain that the antivaccine lobby contains few elderly people because most of them have lived through epidemics of vaccine preventable diseases such as polio or diphtheria. They have seen the devastation that these

pressure, and during the next two weeks, five companies distributed about five million doses. Thirteen days after the first doses were administered, there were reports of cases of polio in immunised children. All of these initial cases had received vaccine manufactured by one company—Cutter Laboratories (although vaccine made by Wyeth also caused some cases of polio). In the end, at least 220 000 people were infected with live polio virus in Cutter's vaccine (including 100 000 contacts of immunised children), 70 000 developed muscle weakness, 164 were severely paralysed, and 10 died.

Offit outlines a series of events that contributed to vaccine containing live virus being released from Cutter Laboratories. These included the use of a highly virulent strain (Mahoney), deficiencies in the inactivation of vaccine virus, inadequate safety tests, and poor communication with other scientists and the government. However, Cutter Laboratories was doing all that the licensing authority required of it.

Sixty lawsuits were subsequently filed. The first resulted in a verdict that "affected

Jonas Salk

Pubblicazione del BMJ su caso Cutter (nota 73 del libro)

The polio vaccine: a critical assessment of its arcane history, efficacy, and long-term health-related consequences

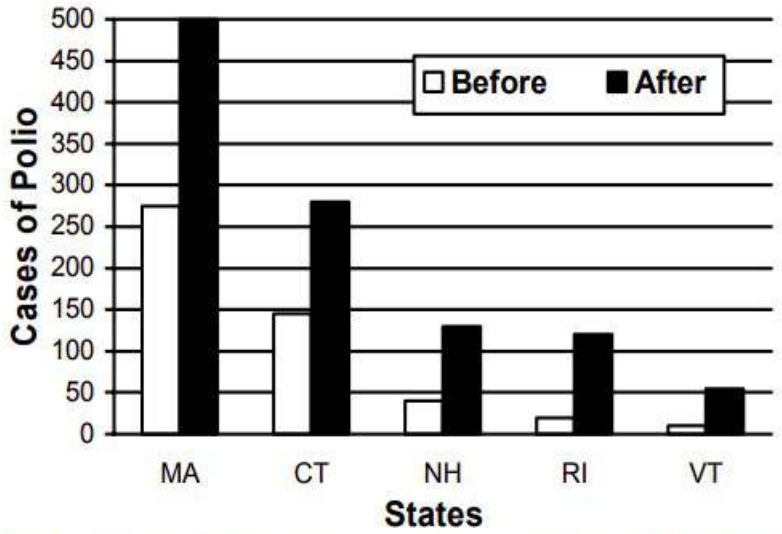
Neil Z. Miller
Thinktwice Global Vaccine Institute
P.O. Box 9638
Santa Fe, NM 87504 USA
Website: www.thinktwice.com

Abstract

Polio (poliomyelitis) is a potentially dangerous viral ailment. To combat this disease, researchers developed two polio vaccines (inactivated and live) grown in cultures made from monkey kidneys. Beginning in the 1950s, these vaccines were administered to millions of people in the United States and throughout the world. Officially, the polio vaccine is considered safe and effective, and has been credited with singularly reducing the incidence of this disease. These tenets are not supported by the data.

A cancer-causing monkey virus–SV-40–was discovered in polio vaccines administered to millions of people. SV-40 has been found in brain tumors,

Figure 2. Cases of polio *increased* in the U.S. after mass inoculations



When national immunization campaigns were initiated in the 1950s, the number of reported cases of polio following mass inoculations with the killed-virus vaccine was significantly greater than before mass inoculations, and may have more than doubled in the U.S. as a whole. Source: U.S. Government statistics.

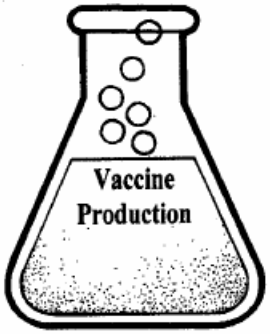


1. Monkey kidneys are used to develop polio vaccines.





2. SV-40, a cancer-causing virus, thrived in monkey kidneys.



3. Polio vaccines were contaminated.



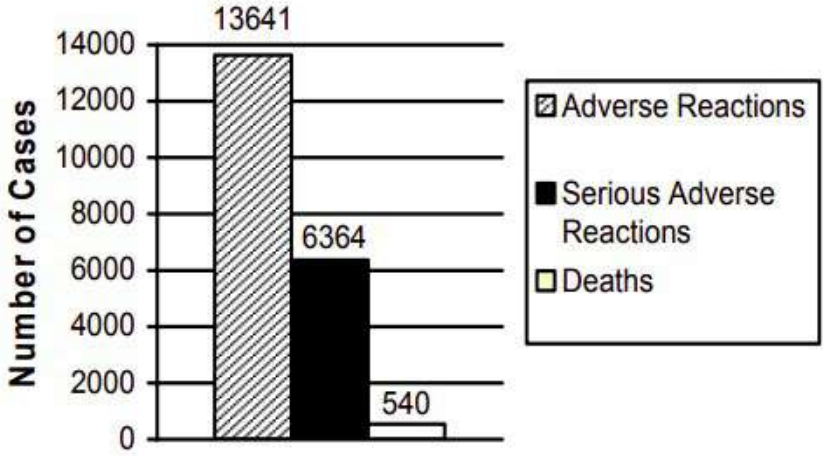
4. Millions of people in the USA and throughout the world were infected.



5. Cancer rates have increased. SV-40 is found in brain tumors, bone cancers, lung cancers, and leukemia.



Figure 3. Polio vaccine: adverse and serious adverse reactions



In the mid-1990s, during a period of less than five years, there were 13,641 *documented* adverse reactions to the oral polio vaccine. 6,364 of these were serious enough to require hospital emergency room visits. 540 people died. Source: Vaccine Adverse Event Reporting System (VAERS); OPV Vaccine Report: Doc. #14.

PUNTO DI SVOLTA: FINE ANNI ‘90



https://commons.wikimedia.org/wiki/File:Bill_Gates_at_the_European_Commission_-_2025_-_P067383-987995_(cropped).jpg

India, fondazione PATH di Bill Gates

(Program for Appropriate Technology in Health)

Vaccino OPV per la Polio somministrato tra il 2000 ed il 2017 utilizzando bambini come cavie inconsapevoli e violando ogni codice etico.
Quasi mezzo milione di NPAFP (paralisi flaccide acute).

International Journal of *Environmental Research and Public Health*

MDPI

Article

Correlation between Non-Polio Acute Flaccid Paralysis Rates with Pulse Polio Frequency in India

Rachana Dhiman [1], Sandeep C. Prakash [1], V. Sreenivas [2] and Jacob Puliyel [1,*]

1 Department of Pediatrics, St Stephens Hospital, Delhi 110054, India; dhimanrachna48@gmail.com (R.D.); sandeepcpp25@gmail.com (S.C.P.)
2 Department of Biostatistics, All India Institute of Medical Sciences, New Delhi 10029, India; sreevishnubhatla@gmail.com
* Correspondence: puliyel@gmail.com; Tel.: +91-986-803-5091

Received: 6 July 2018; Accepted: 14 August 2018; Published: 15 August 2018

check for updates

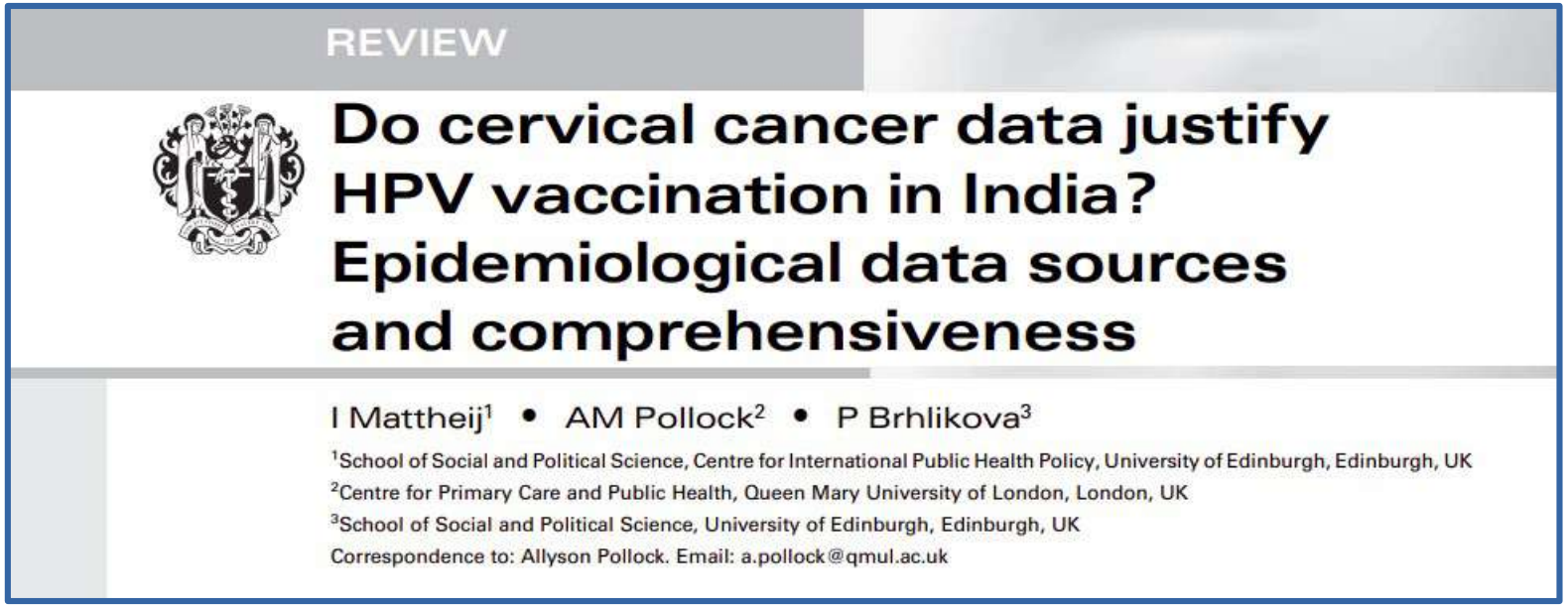
Abstract: The last case of polio from India was reported in 2011. That year, the non-polio acute flaccid paralysis (NPAFP) rate in India was 13.35/100,000, where the expected rate is 1–2/100,000. A previous study of data from 2000 to 2010 has detailed the NPAFP rate in a state correlated with the pulse polio rounds conducted there, and the strongest correlation with the NPAFP rate was found when the number of doses from the previous 4 years were used. However, a simple association being found

While the mechanism involved is speculative, our findings suggest that the increase in NPAFP (and the later decrease in such cases) was indeed an adverse effect of the pulse polio immunization programme. This increase in NPAFP was noticed only because of excellent surveillance methods, the meticulous recording of data, accurate pooling of the figures nationally and making it available in the public domain—the 491,000 additional cases of paralysis would not have been noticed otherwise. From the public health point of view, this underlines the importance of collecting and reporting aggregated adverse events following immunization (AEFI) data which is essential to making our immunization programmes safer.

5. Conclusions

India, fondazione PATH di Bill Gates

Sperimentazione vaccino HPV (spacciato come iniezione di vitamine) utilizzando 23.000 ragazzine analfabete come cavie inconsapevoli e violando ogni codice etico. Gravi effetti avversi in 1200 di esse. 7 bambine morte.

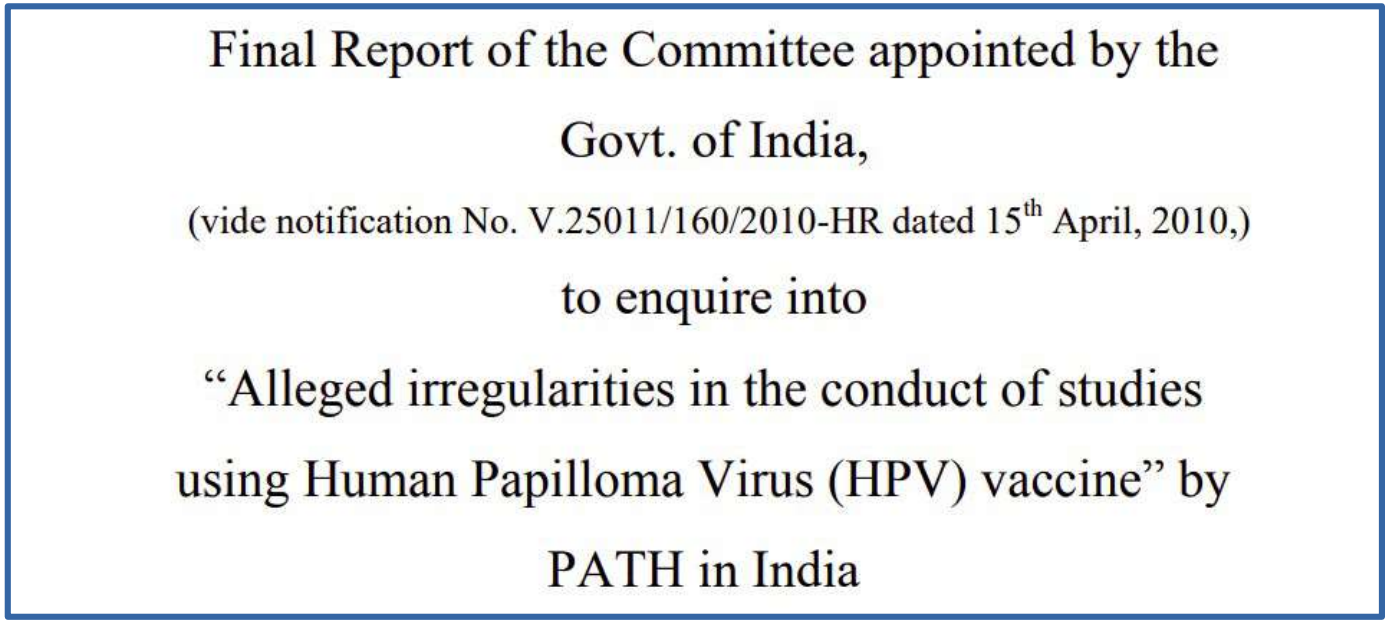


REVIEW

Do cervical cancer data justify HPV vaccination in India? Epidemiological data sources and comprehensiveness

I Mattheij[1] • AM Pollock[2] • P Brhlikova[3]

[1]School of Social and Political Science, Centre for International Public Health Policy, University of Edinburgh, Edinburgh, UK
[2]Centre for Primary Care and Public Health, Queen Mary University of London, London, UK
[3]School of Social and Political Science, University of Edinburgh, Edinburgh, UK
Correspondence to: Allyson Pollock. Email: a.pollock@qmul.ac.uk



Final Report of the Committee appointed by the Govt. of India,

(vide notification No. V.25011/160/2010-HR dated 15th April, 2010,)

to enquire into

"Alleged irregularities in the conduct of studies using Human Papilloma Virus (HPV) vaccine" by PATH in India

Filippine, OMS di Bill Gates

Somministrazione vaccino DengVaxia di Sanofi-Pasteur (nonostante svariati segnali d'allarme di ricercatori come Halsted, rischio ADE in bambini mai contagiati).
200 bambini morti già accertati ed ufficiali, altri 400 in corso di conferma.

The Journal of Infectious Diseases
PERSPECTIVE

Critique of World Health Organization Recommendation of a Dengue Vaccine

Scott B. Halstead
Department of Preventive Medicine and Biometrics, Uniformed Services University of the Health Sciences, Rockville, Maryland

(See the correspondence by Halstead on page 2014.)






GIANT







frontiers in Public Health

ORIGINAL RESEARCH
published: 19 March 2018
doi: 10.3389/fpubh.2018.00079

Evidence of Increase in Mortality After the Introduction of Diphtheria–Tetanus–Pertussis Vaccine to Children Aged 6–35 Months in Guinea-Bissau: A Time for Reflection?

Peter Aaby[1,2], Søren Wengel Mogensen[1], Amabelia Rodrigues[1] and Christine S. Benn[2,3]*

[1] Bandim Health Project, Indepth Network, Bissau, Guinea-Bissau, [2] Research Centre for Vitamins and Vaccines (CVIVA), Bandim Health Project, Statens Serum Institut, Copenhagen, Denmark, [3] OPEN, Institute of Clinical Research, University of Southern Denmark, Odense University Hospital, Odense, Denmark

Contents lists available at ScienceDirect

EBioMedicine

journal homepage: www.ebiomedicine.com

Research Paper

The Introduction of Diphtheria-Tetanus-Pertussis and Oral Polio Vaccine Among Young Infants in an Urban African Community: A Natural Experiment

Søren Wengel Mogensen [a,1], Andreas Andersen [b,1], Amabelia Rodrigues [a], Christine S Benn [b,c], Peter Aaby [a,b,*]

[a] *Bandim Health Project, Indepth Network, Apartado 861, Bissau, Guinea-Bissau*
[b] *Research Centre for Vitamins and Vaccines (CVIVA), Bandim Health Project, Statens Serum Institute, Artillerivej 5, 2300 Copenhagen S, Denmark*
[c] *OPEN, Institute of Clinical Research, University of Southern Denmark/Odense University Hospital, 5000 Odense C, Denmark*

Open Access Library Journal
2017, Volume 4, e3937
ISSN Online: 2333-9721
ISSN Print: 2333-9705

HCG Found in WHO Tetanus Vaccine in Kenya Raises Concern in the Developing World

John W. Oller[1], Christopher A. Shaw[2,3], Lucija Tomljenovic[2,3], Stephen K. Karanja[4], Wahome Ngare[4], Felicia M. Clement[5], Jamie Ryan Pillette[5]

[1]Communicative Disorders, University of Louisiana, Lafayette, USA
[2]Ophthalmology and Visual Sciences, Graduate Program in Experimental Medicine, University of British Columbia, Vancouver, Canada
[3]Neural Dynamics Research Group, Vancouver, Canada
[4]Kenya Catholic Doctors Association, Nairobi, Kenya
[5]University of Louisiana, Lafayette, USA
Email: joller@louisiana.edu

How to cite this paper: Oller, J.W., Shaw, C.A., Tomljenovic, L., Karanja, S.K., Ngare, W., Clement, F.M. and Pillette, J.R. (2017) HCG Found in WHO Tetanus Vaccine in Kenya Raises Concern in the Developing World. *Open Access Library Journal*, **4**: e3937.
https://doi.org/10.4236/oalib.1103937

Received: September 12, 2017
Accepted: October 24, 2017
Published: October 27, 2017

Abstract

In 1993, WHO announced a "birth-control vaccine" for "family planning". Published research shows that by 1976 WHO researchers had conjugated tetanus toxoid (TT) with human chorionic gonadotropin (hCG) producing a "birth-control" vaccine. Conjugating TT with hCG causes pregnancy hormones to be attacked by the immune system. Expected results are abortions in females already pregnant and/or infertility in recipients not yet impregnated. Repeated inoculations prolong infertility. Currently WHO researchers are working on more potent anti-fertility vaccines using recombinant DNA.

VACCINAZIONE, PATOLOGIE AUTOIMMUNI E DISTURBI DEL NEUROSVILUPPO (NDD) TRA CUI I DISTURBI DELLO SPETTRO AUTISTICO (ASD, Autism Spectrum Disorders)

C'E' CORRELAZIONE?

ASSOLUTAMENTE SI'!

(VI MOSTREREMO A BREVE ALCUNE DELLE DECINE, SE NON CENTINAIA, DI PUBBLICAZIONI SCIENTIFICHE CHE LO PROVANO!)

CI PONIAMO 3 DOMANDE:

1) Perché noi diciamo che esiste correlazione quando invece qualsiasi medico o giornalista sostiene con forza il contrario?
2) Come hanno silenziato il dibattito per 3 decenni?
3) Perché mai i vaccini dovrebbero scatenare autoimmunità ed NDD/ASD?

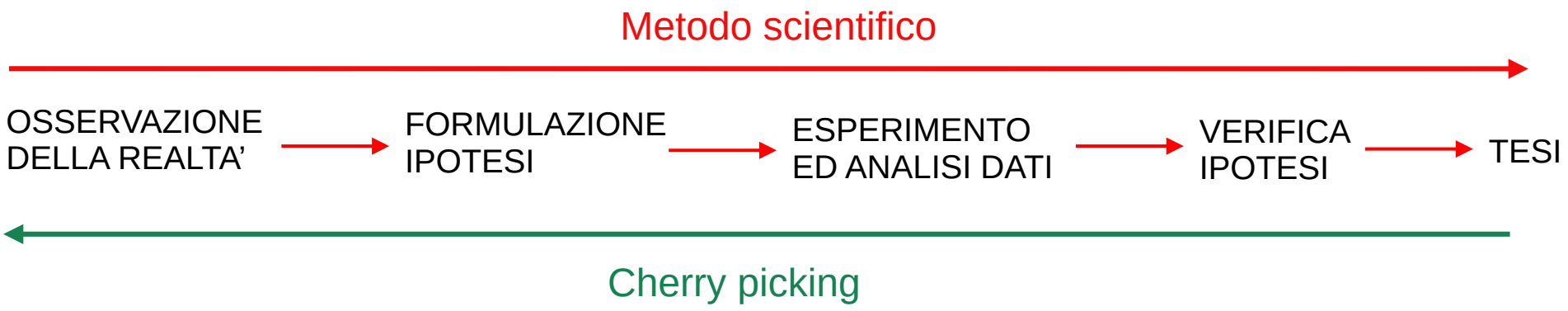
PRIMA DOMANDA: RISPOSTA BANALE. RICORDATE? ESISTONO DUE TIPI DI SCIENZA! DI QUALE AVETE FIDUCIA?

VERA SCIENZA

- Applica il metodo scientifico
- E' trasparente ed indipendente
- Non ignora pubblicazioni sfavorevoli all'industria
- Non ha conflitti d'interesse
- E' umile ed aperta alla diversità di opinione
- Rispetta l'uomo e le leggi eterne di Dio
- Non discrimina e non insulta

FALSA SCIENZA = LA SCIENZAH (con l'acca finale)

- E' in conflitto d'interesse perché finanziata dall'industria
- Chiusa, elitaria ed autoreferenziale
- Impone la sua verità (quella delle multinazionali), non tollera la diversità d'opinione e la perseguita in ogni modo
- Non utilizza il metodo scientifico ma il suo contrario, il "Cherry picking"



Early report

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith

Summary

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 6 years [range 3–10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

Findings Onset of behavioural symptoms was associated by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had intestinal abnormalities ranging from lymphoid nodular hyperplasia to aphthoid ulceration. Histology showed patchy chronic inflammation in 11 children and reactive ileal lymphonodular hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disintegrative psychosis (one), and possible postviral or vaccinal encephalitis (one). There were no focal neurological abnormalities and MRI and EEG tests were normal. Abnormal laboratory results were significantly raised urinary methylmalonic acid compared with age-matched controls ($p=0.003$), low haemoglobin in four children, and low serum IgA in four children.

Interpretation We identified associated gastrointestinal disease and developmental regression in a group of previously normal children, which was generally associated in time with possible environmental triggers.

Lancet 1998; **351:** 637–41
See Commentary page

Inflammatory Bowel Disease Study Group, University Departments of Medicine and Histopathology (A J Wakefield FRCS, A Anthony MB, J Linnell PhD, A P Dhillon MRCPath, S E Davies MRCPath) **and the University Departments of Paediatric Gastroenterology** (S H Murch MB, D M Casson MRCP, M Malik MRCP, M A Thomson FRCP, J A Walker-Smith FRCP,), **Child and Adolescent Psychiatry** (M Berelowitz FRCPsych), **Neurology** (P Harvey FRCP), **and Radiology** (A Valentine FRCR), **Royal Free Hospital and School of Medicine, London NW3 2QG, UK**

Correspondence to: Dr A J Wakefield

Introduction

We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and bloating and, in some cases, food intolerance. We describe the clinical findings, and gastrointestinal features of these children.

Patients and methods

12 children, consecutively referred to the department of paediatric gastroenterology with a history of a pervasive developmental disorder with loss of acquired skills and intestinal symptoms (diarrhoea, abdominal pain, bloating and food intolerance), were investigated. All children were admitted to the ward for 1 week, accompanied by their parents.

Clinical investigations

We took histories including details of immunisations and exposure to infectious diseases, and assessed the children. In 11 cases the history was obtained by the senior clinician (JW-S). Neurological and psychiatric assessments were done by consultant staff (PH, MB) with HMS-4 criteria.[1] Developmental assessments included a review of prospective developmental records from parents, health visitors, and general practitioners. Four children did not undergo psychiatric assessment in hospital; all had been assessed professionally elsewhere, so these assessments were used as the basis for their behavioural diagnosis.

After bowel preparation, ileocolonoscopy was performed by SHM or MAT under sedation with midazolam and pethidine. Paired frozen and formalin-fixed mucosal biopsy samples were taken from the terminal ileum; ascending, transverse, descending, and sigmoid colons, and from the rectum. The procedure was recorded by video or still images, and were compared with images of the previous seven consecutive paediatric colonoscopies (four normal colonoscopies and three on children with ulcerative colitis), in which the physician reported normal appearances in the terminal ileum. Barium follow-through radiography was possible in some cases.

Also under sedation, cerebral magnetic-resonance imaging (MRI), electroencephalography (EEG) including visual, brain stem auditory, and sensory evoked potentials (where compliance made these possible), and lumbar puncture were done.

Laboratory investigations

Thyroid function, serum long-chain fatty acids, and cerebrospinal-fluid lactate were measured to exclude known causes of childhood neurodegenerative disease. Urinary methylmalonic acid was measured in random urine samples from eight of the 12 children and 14 age-matched and sex-matched normal controls, by a modification of a technique described previously.[2] Chromatograms were scanned digitally on computer, to analyse the methylmalonic-acid zones from cases and controls. Urinary methylmalonic-acid concentrations in patients and controls were compared by a two-sample *t* test. Urinary creatinine was estimated by routine spectrophotometric assay.

Children were screened for antiendomyseal antibodies and boys were screened for fragile-X if this had not been done

RETRACTED

DOMANDA 2: come è stato silenziato per 3 decenni il dibattito sul possibile nesso di causalità tra vaccinazioni pediatriche ed autoimmunità/NDD/ASD?

- 1 caso positivo (vaiolo)
- 1 caso negativo (Wakefield)

↓

ANDREW JEREMY WAKEFIELD
(studio The Lancet del 1998)



A PROPOSITO… MA LO STUDIO, COSA DICEVA?

«**We did not prove an association between MMR vaccine and the syndrome described**. Virological studies are underway that may help to resolve this issue. [...]
We have identified a chronic enterocolitis in children that may be related to neuropsychiatric dysfunction.
In most cases, onset of symptoms was after MMR immunisation.

Further investigations are needed to examine this syndrome and its possible relation to this vaccine. […] If there is a causal link between MMR vaccine and this syndrome, a rising incidence might be anticipated after the introduction of this vaccine in the UK in 1988. Published evidence is inadequate to show whether there is a change in incidence
or a link with MMR vaccine».

PER CARITA'… ERRORI CE NE ERANO, NESSUNO LO NEGA!

- conflitto d'interesse non dichiarato con una "pericolosissima" associazione di genitori di bambini autistici coinvolti in azioni legali contro le aziende farmaceutiche
  (improvvisamente la scienzah prezzolata si è accorta che esiste il conflitto d'interesse in medicina… per loro è esistito solo qui)

- Studio con statistica insufficiente e senza gruppo di controllo

- Bambini probabilmente sottoposti ad esami invasivi
  (la critica è venuta dagli stessi scienziati che invece tacciono sugli esperimenti killer di Big Pharma in Africa/Asia, es. Kano)

- Wakefield ha scelto male i propri collaboratori, che messi alle strette dal gotha della scienzah prezzolata, hanno preso a ritrattare lasciandolo solo.

- QUANDO SI VA CONTRO IL SISTEMA, BISOGNA ESSER PURI COME LA NEVE ED INATTACCABILI!

Autism and Vaccines

For Everyone

JULY 22, 2026

KEY POINTS

- The claim "vaccines do not cause autism" is not an evidence-based claim because studies have not ruled out the possibility that infant vaccines cause autism.
- Studies supporting a link have been ignored by health authorities.
- HHS has launched a comprehensive assessment of the causes of autism, including investigations on plausible biologic mechanisms and potential causal links.

STUDI A TONNELLATE DOPO WAKEFIELD!

48 bimbi analizzati tra 10 e 50 mesi, vaccinati con MMR

8 morti, 40 con grave ritardo psicofisico ed ASD.

Conclusioni: c'è ralazione causale tra MMR ed encefalopatie.

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Volume 101, Issue 3
1 March 1998



ARTICLE | MARCH 01 1998

Acute Encephalopathy Followed by Permanent Brain Injury or Death Associated With Further Attenuated Measles Vaccines: A Review of Claims Submitted to the National Vaccine Injury Compensation Program

Robert E. Weibel, MD; Vito Caserta, MD; David E. Benor, JD; Geoffrey Evans, MD

Reprint requests to (R.E.W.) National Vaccine Injury Compensation Program, Health Resources and Services Administration, Parklawn Building, Room 8A-46, 5600 Fishers Lane, Rockville, MD 20857.

Pediatrics (1998) 101 (3): 383–387.
https://doi.org/10.1542/peds.101.3.383 **Article history**

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Review Article

What is regressive autism and why does it occur? Is it the consequence of multi-systemic dysfunction affecting the elimination of heavy metals and the ability to regulate neural temperature?

Graham W. Ewing

Montague Healthcare, Mulberry House, 6 Vine Farm Close, Cotgrave, Nottingham NG12 3TU, United Kingdom

There is a co mpelling argument that the occurrence of regressive autism is attributable to genetic and chromosomal abnormalities, arising from the overuse of vaccines, which subsequently affects the stability and function of the autonomic nervous system and physiological systems. That sense perception is linked to the autonomic nervous system and the function of the physiological systems enables us to examine the significance of autistic symptoms from a systemic perspective. Failure of the excretory system influences elimination of heavy metals and facilitates their accumulation and subsequent manifestation as neurotoxins: the long-term consequences of which would lead to neurodegeneration, cognitive and developmental problems. It may also influence regulation of neural hyperthermia. This article explores the issues and concludes that sensory dysfunction and systemic failure, manifested as autism, is the inevitable consequence arising from subtle DNA alteration and consequently from the overuse of vaccines. (Ewing G.W. What is regressive autism and why does it occur? Is it the consequence of multi-systemic dysfunction affecting the elimination of heavy metals and the ability to regulate neural temperature? **North Am J Med Sci** 2009; 1: 28-47).

Key words: autism, physiological systems, autonomic nervous system

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Original Paper

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Abnormal Measles-Mumps-Rubella Antibodies and CNS Autoimmunity in Children with Autism

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A POSITIVE ASSOCIATION FOUND BETWEEN AUTISM PREVALENCE AND CHILDHOOD VACCINATION UPTAKE ACROSS THE U.S. POPULATION

Gayle DeLong

Department of Economics and Finance, Baruch College/City University of New York, New York, New York, USA

6 anni di studi su tutti gli stati USA!

The reason for the rapid rise of autism in the United States that began in the 1990s is a mystery. Although individuals probably have a genetic predisposition to develop autism, researchers suspect that one or more environmental triggers are also needed. One of those triggers might be the battery of vaccinations that young children receive. Using regression analysis and controlling for family income and ethnicity, the relationship between the proportion of children who received the recommended vaccines by age 2 years and the prevalence of autism (AUT) or speech or language impairment (SLI) in each U.S. state from 2001 and 2007 was determined. A positive and statistically significant relationship was found: The higher the proportion of children receiving recommended vaccinations, the higher was the prevalence of AUT or SLI. A 1% increase in vaccination was associated with an additional 680 children having AUT or SLI. Neither parental behavior nor access to care affected the results, since vaccination proportions were not significantly related (statistically) to any other disability or to the number of pediatricians in a U.S. state. The results suggest that although mercury has been removed from many vaccines, other culprits may link vaccines to autism. Further study into the relationship between vaccines and autism is warranted.

STUDIO DI PETER McCULLOGH

Metanalisi che analizza 136 studi, trovando in 107 di essi significativa associazione tra ASD e vaccinazione.

MCCULLOUGH FOUNDATION REPORT

Determinants of Autism Spectrum Disorder

Nicolas Hulscher, MPH, John S. Leake, MA, Simon Troupe, MPH, Claire Rogers, MSPAS, PA-C, Kirstin Cosgrove, BM, CCRA, M. Nathaniel Mead, MSc, PhD, Breanne Craven, PA-C, Mila Radetich, Andrew Wakefield, MBBS, Peter A. McCullough, MD, MPH

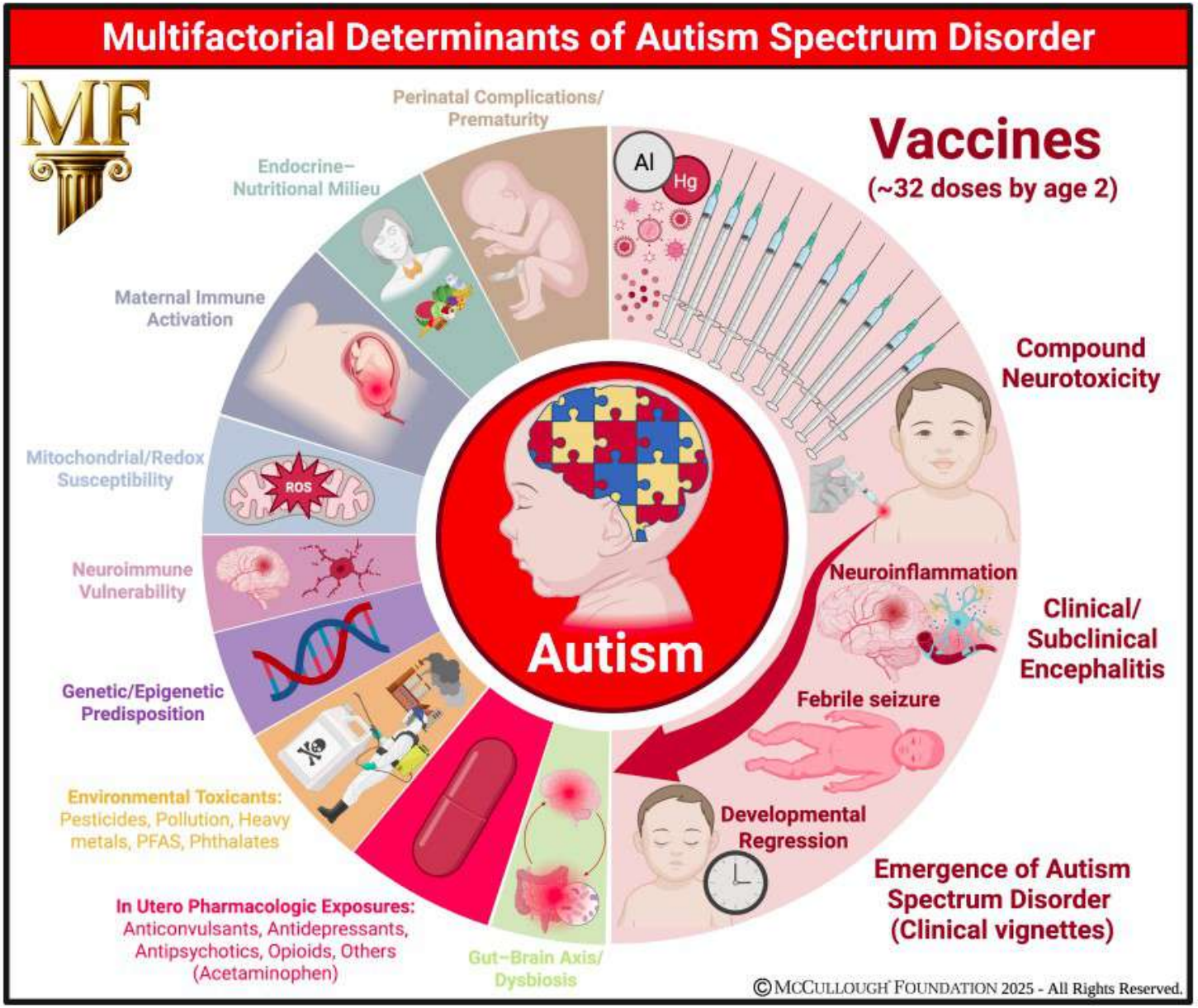
Abstract

Introduction: Autism spectrum disorder (ASD) is now estimated to affect more than 1 in 31 children in the United States, with prevalence rising sharply over the past two decades and posing an increasing burden to families and public health systems. Most of the literature on ASD characterizes it as a complex neurodevelopmental condition shaped by multiple determinants, including genetic liability, immune dysregulation, perinatal stressors, and environmental toxicants. Since 1996, the *possible* role of childhood vaccination has also been discussed and debated. This review synthesizes the full range of evidence to clarify both vaccine-related and non-vaccine contributors to ASD risk.

Methods: We comprehensively examined epidemiologic, clinical, and mechanistic studies evaluating potential ASD risk factors, assessing outcomes, exposure quantification, strength and independence of associations, temporal relationships, internal and external validity, overall cohesiveness, and biological plausibility.

Results: We found potential determinants of new onset ASD before the age of 9 years old to include: older parents (>35 years mother, >40 years father), premature delivery before 37 weeks of gestation, common genetic variants, siblings with autism, maternal immune activation, in utero drug exposure, environmental toxicants, gut-brain axis alterations and combination routine childhood vaccination. These diverse genetic, environmental, and iatrogenic factors appear to intersect through shared pathways of immune dysregulation, mitochondrial dysfunction, and neuroinflammation, culminating in neurodevelopmental injury and regression in susceptible children. Of 136 studies examining childhood vaccines or their excipients, 29 found neutral risks or no association, while 107 inferred a possible link between immunization or vaccine components and ASD or other neurodevelopmental disorders (NDDs), based on findings spanning epidemiologic, clinical, mechanistic, neuropathologic, and case-report evidence of developmental regression. 12 studies comparing

Conclusion: The totality of evidence supports a multifactorial model of ASD in which genetic predisposition, neuroimmune biology, environmental toxicants, perinatal stressors, and iatrogenic exposures converge to produce the phenotype of a post-encephalitic state. Combination and early-timed routine childhood vaccination constitutes the most significant modifiable risk factor for ASD, supported by convergent mechanistic, clinical, and epidemiologic findings, and characterized by intensified use, the clustering of multiple doses during critical neurodevelopmental windows, and the lack of research on the cumulative safety of the full pediatric schedule. As ASD prevalence continues to rise at an unprecedented pace, clarifying the risks associated with cumulative vaccine dosing and timing remains an urgent public health priority.



N° nota oppure titolo, autore, editore...

Filtri

525 voci bibliografiche

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Annals of Internal Medicine

ORIGINAL RESEARCH

Measles, Mumps, Rubella Vaccination and Autism

A Nationwide Cohort Study

Anders Hviid, DrMedSci; Jørgen Vinsløv Hansen, PhD; Morten Frisch, DrMedSci; and Mads Melbye, DrMedSci

Background: The hypothesized link between the measles, mumps, rubella (MMR) vaccine and autism continues to cause concern and challenge vaccine uptake.

Objective: To evaluate whether the MMR vaccine increases the risk for autism in children, subgroups of children, or time periods after vaccination.

Design: Nationwide cohort study.

Setting: Denmark.

Participants: 657 461 children born in Denmark from 1999 through 31 December 2010, with follow-up from 1 year of age and through 31 August 2013.

Measurements: Danish population registries were used to link information on MMR vaccination, autism diagnoses, other childhood vaccines, sibling history of autism, and autism risk factors to children in the cohort. Survival analysis of the time to autism diagnosis with Cox proportional hazards regression was used to estimate hazard ratios of autism according to MMR vaccination status, with adjustment for age, birth year, sex, other childhood vaccines, sibling history of autism, and autism risk factors (based on a disease risk score).

Results: During 5 025 754 person-years of follow-up, 6517 children were diagnosed with autism (incidence rate, 129.7 per 100 000 person-years). Comparing MMR-vaccinated with MMR-unvaccinated children yielded a fully adjusted autism hazard ratio of 0.93 (95% CI, 0.85 to 1.02). Similarly, no increased risk for autism after MMR vaccination was consistently observed in subgroups of children defined according to sibling history of autism, autism risk factors (based on a disease risk score) or other childhood vaccinations, or during specified time periods after vaccination.

Limitation: No individual medical charts were reviewed.

Conclusion: The study strongly supports that MMR vaccination does not increase the risk for autism, does not trigger autism in susceptible children, and is not associated with clustering of autism cases after vaccination. It adds to previous studies through significant additional statistical power and by addressing hypotheses of susceptible subgroups and clustering of cases.

Primary Funding Source: Novo Nordisk Foundation and Danish Ministry of Health.

Ann Intern Med. 2019;170:513-520. doi:10.7326/M18-2101 **Annals.org**

For author affiliations, see end of text.

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Review Article

JOURNAL OF BIOTECHNOLOGY AND BIOMEDICINE

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Hviid *et al.* 2019 Vaccine-Autism Study: Much Ado About Nothing?

Jeremy R Hammond[1*], Jeet Varia PhD[2], Brian Hooker PhD[2*]

Abstract

The controversy surrounding measles, mumps, and rubella (MMR) vaccination and autism has been ongoing for over 30 years. It is rooted in the parent-led grassroots movements of the 1990s; and a case-series clinical study in 1998 by Wakefield *et al.* This controversy cascaded through numerous observational studies and US Institute of Medicine reports, culminating in 2019 with a population-based observational study by Hviid *et al.* This study was hailed at the time by the US media and medical establishment as conclusive proof that the MMR vaccine does not increase the risk of autism, even among "*genetically susceptible children*". However, as detailed in this critical review, Hviid *et al.* did not faithfully intend or interpret the data to test this hypothesis and, therefore, cannot possibly have falsified it. We elucidate methodological flaws, discrepancies, irreproducibility, and conflicts of interest for Hviid *et al.* In addition, the conclusion from Hviid *et al.* cannot be generalized to the CDC childhood vaccination schedule. All these salient features have remained oblivious to so many regulators, mainstream media, and professional associations in the USA. This reveals the need for more communication about the limitations of available evidence to facilitate informed consent for the childhood vaccination schedule.

ADIUVANTI E CONTAMINANTI

TERZA DOMANDA: perché mai i vaccini dovrebbero scatenare patologie infiammatorie, intestinali, neurologiche ed autoimmuni?

- **ADIUVANTI** (Al ed Hg con azione sinergica e cumulativa)
- **CONTAMINANTI** (Alcool benzilico, HCl, vitamina K sintetica, glicole propilenico, polisorbato 80, sodio acetato anidro, metalli pesanti non adiuvanti come piombo, acciaio inox, glifosato etc...)

Gli adiuvanti hanno 2 funzioni in particolare:

- Rafforzano e prolungano risposta immunitaria all'antigene
- azione conservante, antibatterica e funghicida

I 3 grandi incriminati



Autoimmunity Reviews 22 (2023) 103287



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Autoimmune/inflammatory syndrome induced by adjuvants (ASIA) in 2023☆

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'SAIA' - Sindrome autoimmune/ infiammatoria indotta da adiuvanti: presente e futuro

'ASIA' - Autoimmune/inflammatory syndrome induced by adjuvants: even and odd

C. Perricone, C. Alessandri, G. Valesini

Reumatologia, Dipartimento di Medicina Interna e Specialità Mediche, Sapienza Università di Roma

SUMMARY

Recently, Shoenfeld and Agmon-Levin described a potential new syndrome, namely ASIA - autoimmune/inflammatory syndrome induced by adjuvants, that comprises four medical conditions: siliconosis, the Gulf war syndrome, the macrophagic myofasciitis syndrome and post-vaccination phenomena, characterized by hyperactive immune responses accompanied by a similar complex of signs and symptoms. Most relevantly, these conditions share a linkage represented by adjuvants. This common soil may possibly induce autoimmune or auto-inflammatory diseases in humans as it was demonstrated in different animal models. Reconsidering under a unified umbrella this apparently detached condition is not only intriguing, but also provocative, and may help in unraveling novel pathogenetic mechanisms, preventive measures, and therapeutic targets.

Review Article

Indian J Med Res 128, October 2008, pp 383-411

A comprehensive review of mercury provoked autism

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Autism: a novel form of mercury poisoning

S. Bernard, A. Enayati, L. Redwood, H. Roger, T. Binstock

ARC Research, Cranford, New Jersey, USA

Summary Autism is a syndrome characterized by impairments in social relatedness and communication, repetitive behaviors, abnormal movements, and sensory dysfunction. Recent epidemiological studies suggest that autism may affect 1 in 150 US children. Exposure to mercury can cause immune, sensory, neurological, motor, and behavioral dysfunctions similar to traits defining or associated with autism, and the similarities extend to neuroanatomy, neurotransmitters, and biochemistry. Thimerosal, a preservative added to many vaccines, has become a major source of mercury in children who, within their first two years, may have received a quantity of mercury that exceeds safety guidelines. A review of medical literature and US government data suggests that: (i) many cases of idiopathic autism are induced by early mercury exposure from thimerosal; (ii) this type of autism represents an unrecognized mercurial syndrome; and (iii) genetic and non-genetic factors establish a predisposition whereby thimerosal's adverse effects occur only in some children. © 2001 Harcourt Publishers Ltd

Journal of Trace Elements in Medicine and Biology 37 (2016) 8–24

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Review

The relationship between mercury and autism: A comprehensive review and discussion

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ABSTRACT

The brain pathology in autism spectrum disorders (ASD) indicates marked and ongoing inflammatory reactivity with concomitant neuronal damage. These findings are suggestive of neuronal insult as a result of external factors, rather than some type of developmental mishap. Various xenobiotics have been suggested as possible causes of this pathology. In a recent review, the top ten environmental compounds suspected of causing autism and learning disabilities were listed and they included: lead, methylmercury, polychorinated biphenyls, organophosphate pesticides, organochlorine pesticides, endocrine disruptors, automotive exhaust, polycyclic aromatic hydrocarbons, polybrominated diphenyl ethers, and perfluorinated compounds. This current review, however, will focus specifically on mercury exposure and ASD by conducting a comprehensive literature search of original studies in humans that examine the potential relationship between mercury and ASD, categorizing, summarizing, and discussing the published research that addresses this topic. This review found 91 studies that examine the potential relationship between mercury and ASD from 1999 to February 2016. Of these studies, the vast majority (74%) suggest that mercury is a risk factor for ASD, revealing both direct and indirect effects. The preponderance of the evidence indicates that mercury exposure is causal and/or contributory in ASD.

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Review Article

Methodological Issues and Evidence of Malfeasance in Research Purporting to Show Thimerosal in Vaccines Is Safe

Brian Hooker,[1] Janet Kern,[2,3] David Geier,[2] Boyd Haley,[4] Lisa Sykes,[5] Paul King,[5] and Mark Geier[2]

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There are over 165 studies that have focused on Thimerosal, an organic-mercury (Hg) based compound, used as a preservative in many childhood vaccines, and found it to be harmful. Of these, 16 were conducted to specifically examine the effects of Thimerosal on human infants or children with reported outcomes of death; acrodynia; poisoning; allergic reaction; malformations; autoimmune reaction; Well's syndrome; developmental delay; and neurodevelopmental disorders, including tics, speech delay, language delay, attention deficit disorder, and autism. In contrast, the United States Centers for Disease Control and Prevention states that Thimerosal is safe and there is "no relationship between [T]himerosal[-]containing vaccines and autism rates in children." This is puzzling because, in a study conducted directly by CDC epidemiologists, a 7.6-fold increased risk of autism from exposure to Thimerosal during infancy was found. The CDC's current stance that Thimerosal is safe and that there is no relationship between Thimerosal and autism is based on six specific published epidemiological studies coauthored and sponsored by the CDC. The purpose of this review is to examine these six publications and analyze possible reasons why their published outcomes are so different from the results of investigations by multiple independent research groups over the past 75+ years.

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Review

Thimerosal Exposure and the Role of Sulfation Chemistry and Thiol Availability in Autism

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Environmental Health

RESEARCH Open Access

Evaluation of the evidence on acetaminophen use and neurodevelopmental disorders using the Navigation Guide methodology

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Abstract

Background Acetaminophen is the most commonly used over-the-counter pain and fever medication taken during pregnancy, with > 50% of pregnant women using acetaminophen worldwide. Numerous well-designed studies have indicated that pregnant mothers exposed to acetaminophen have children diagnosed with neurodevelopmental disorders (NDDs), including autism spectrum disorder (ASD) and attention-deficit/hyperactivity disorder (ADHD), at higher rates than children of pregnant mothers who were not exposed to acetaminophen.

Methods We applied the Navigation Guide methodology to the scientific literature to comprehensively and objectively examine the association between prenatal acetaminophen exposure and NDDs and related symptomology in offspring. We conducted a systematic PubMed search through February 25, 2025, using predefined inclusion criteria and rated studies based on risk of bias and strength of evidence. Due to substantial heterogeneity, we opted for a qualitative synthesis, consistent with the Navigation Guide's focus on environmental health evidence.

Results We identified 46 studies for inclusion in our analysis. Of these, 27 studies reported positive associations (significant links to NDDs), 9 showed null associations (no significant link), and 4 indicated negative associations (protective effects). Higher-quality studies were more likely to show positive associations. Overall, the majority of the studies reported positive associations of prenatal acetaminophen use with ADHD, ASD, or NDDs in offspring, with risk-of-bias and strength-of-evidence ratings informing the overall synthesis.

Conclusions Our analyses using the Navigation Guide thus support evidence consistent with an association between acetaminophen exposure during pregnancy and increased incidence of NDDs. Appropriate and immediate steps should be taken to advise pregnant women to limit acetaminophen consumption to protect their offspring's neurodevelopment.

Keywords ADHD, ASD, Neurodevelopmental, Acetaminophen, Pregnancy

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Review

Empirical Data Confirm Autism Symptoms Related to Aluminum and Acetaminophen Exposure

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Abstract: Autism is a condition characterized by impaired cognitive and social skills, associated with compromised immune function. The incidence is alarmingly on the rise, and environmental factors are increasingly suspected to play a role. This paper investigates word frequency patterns in the U.S. CDC Vaccine Adverse Events Reporting System (VAERS) database. Our results provide strong evidence supporting a link between autism and the aluminum in vaccines. A literature review showing toxicity of aluminum in human physiology offers further support. Mentions of autism in VAERS increased steadily at the end of the last century, during a period when mercury was being phased out, while aluminum adjuvant burden was being increased. Using standard log-likelihood ratio techniques, we identify several signs and symptoms that are significantly more prevalent in vaccine reports after 2000, including cellulitis, seizure, depression, fatigue, pain and death, which are also significantly associated with aluminum-containing vaccines. We propose that children with the autism diagnosis are especially vulnerable to toxic metals such as aluminum and mercury due to insufficient serum sulfate and glutathione. A strong correlation between autism and the MMR (Measles, Mumps, Rubella) vaccine is also observed, which may be partially explained via an increased sensitivity to acetaminophen administered to control fever.

BJPsych | The British Journal of Psychiatry (2014)
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Prenatal exposure to selective serotonin reuptake inhibitors and social responsiveness symptoms of autism: population-based study of young children†

Hanan El Marroun, Tonya J. H. White, Noortje J. F. van der Knaap, Judith R. Homberg, Guillén Fernández, Nikita K. Schoemaker, Vincent W. V. Jaddoe, Albert Hofman, Frank C. Verhulst, James J. Hudziak, Bruno H. C. Stricker and Henning Tiemeier

Background
Selective serotonin reuptake inhibitors (SSRIs) are considered safe and are frequently used during pregnancy. However, two case–control studies suggested an association between prenatal SSRI exposure with childhood autism.

Aims
To prospectively determine whether intra-uterine SSSRI exposure is associated with childhood autistic symptoms in a population-based study.

Method
A total of 376 children prenatally exposed to maternal depressive symptoms (no SSRI exposure), 69 children prenatally exposed to SSRIs and 5531 unexposed children were included. Child pervasive developmental and affective problems were assessed by parental report with the Child Behavior Checklist at ages 1.5, 3 and 6. At age 6, we assessed autistic traits using the Social Responsiveness Scale ratio (OR) = 1.44, 95% CI 1.07–1.93) and affective problems (OR = 1.44, 95% CI 1.15–1.81). Compared with unexposed children, those prenatally exposed to SSRIs also were at higher risk for developing pervasive developmental problems (OR = 1.91, 95% CI 1.13–3.47), but not for affective problems. Children prenatally exposed to SSRIs also had more autistic traits (B = 0.15, 95% CI 0.08–0.22) compared with those exposed to depressive symptoms only.

Conclusions
Our results suggest an association between prenatal SSRI exposure and autistic traits in children. Prenatal depressive symptoms without SSRI use were also associated with autistic traits, albeit this was weaker and less specific. Long-term drug safety trials are needed before evidence-based recommendations are possible.

FIDATEVI DELLA SCIENZAH!!!

Mercurio nei vaccini

Non è presente nei vaccini da molti anni. In ogni caso, gli studi hanno dimostrato che il mercurio iniettato in passato con i vaccini è totalmente innocuo



Che cosa stai cercando?
Di cosa hai bisogno?

Scegli un servizio
Prenota un esame

Cerca una struttura
Nome struttura

Immunol Res
DOI 10.1007/s12026-013-8403-1

ETIO PATHOGENESIS OF AUTOIMMUNITY

Aluminum in the central nervous system (CNS): toxicity in humans and animals, vaccine adjuvants, and autoimmunity

C. A. Shaw · L. Tomljenovic

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Abstract We have examined the neurotoxicity of aluminum in humans and animals under various conditions, following different routes of administration, and provide an overview of the various associated disease states. The literature demonstrates clearly negative impacts of aluminum on the nervous system across the age span. In adults, aluminum exposure can lead to apparently age-related neurological deficits resembling Alzheimer's and has been linked to this disease and to the Guamanian variant, ALS–PDC. Similar outcomes have been found in animal models. In addition, injection of aluminum adjuvants in an attempt to model Gulf War syndrome and associated neurological deficits leads to an ALS phenotype in young male mice. In young children, a highly significant correlation exists between the number of pediatric aluminum-adjuvanted vaccines administered and the rate of autism spectrum disorders. Many of the features of aluminum-induced neurotoxicity may arise, in part, from autoimmune reactions, as part of the ASIA syndrome.

Keywords Autism · ALS · Alzheimer's · Neurodegeneration · Immune response

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Do aluminum vaccine adjuvants contribute to the rising prevalence of autism?

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ABSTRACT

Autism spectrum disorders (ASD) are serious multisystem developmental disorders and an urgent global public health concern. Dysfunctional immunity and impaired brain function are core deficits in ASD. Aluminum (Al), the most commonly used vaccine adjuvant, is a demonstrated neurotoxin and a strong immune stimulator. Hence, adjuvant Al has the potential to induce neuroimmune disorders. When assessing adjuvant toxicity in children, two key points ought to be considered: (i) children should not be viewed as "small adults" as their unique physiology makes them much more vulnerable to toxic insults; and (ii) if exposure to Al from only few vaccines can lead to cognitive impairment and autoimmunity in adults, is it unreasonable to question whether the current pediatric schedules, often containing 18 Al adjuvanted vaccines, are safe for children? By applying Hill's criteria for establishing causality between exposure and outcome we investigated whether exposure to Al from vaccines could be contributing to the rise in ASD prevalence in the Western world. Our results show that: (i) children from countries with the highest ASD prevalence appear to have the highest exposure to Al from vaccines; (ii) the increase in exposure to Al adjuvants significantly correlates with the increase in ASD prevalence in the United States observed over the last two decades (Pearson $r = 0.92$, $p < 0.0001$); and (iii) a significant correlation exists between the amounts of Al administered to preschool children and the current prevalence of ASD in seven Western countries, particularly at 3–4 months of age (Pearson $r = 0.89$–0.94, $p = 0.0018$–0.0248). The application of the Hill's criteria to these data indicates that the correlation between Al in vaccines and ASD may be causal. Because children represent a fraction of the population most at risk for complications following exposure to Al, a more rigorous evaluation of Al adjuvant safety seems warranted.

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<u>Nota 112 della bibliografia</u>: leggete le motivazioni del ritiro dello studio... (dopo 25 anni!)

Frode, errori metodologici, falso, conflitto d'interesse con la Monsanto, ghostwriting… c'è tutto!

<u>FIDATI DELLA SCIENZAH</u>!

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Retraction notice to"Safety evaluation and risk assessment of the herbicide roundup and its active ingredient, glyphosate, for humans" [Regul. Toxicol. Pharm. 31 (2000) 117–165]

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ORIGINAL PAPER

Genetically engineered crops, glyphosate and the deterioration of health in the United States of America

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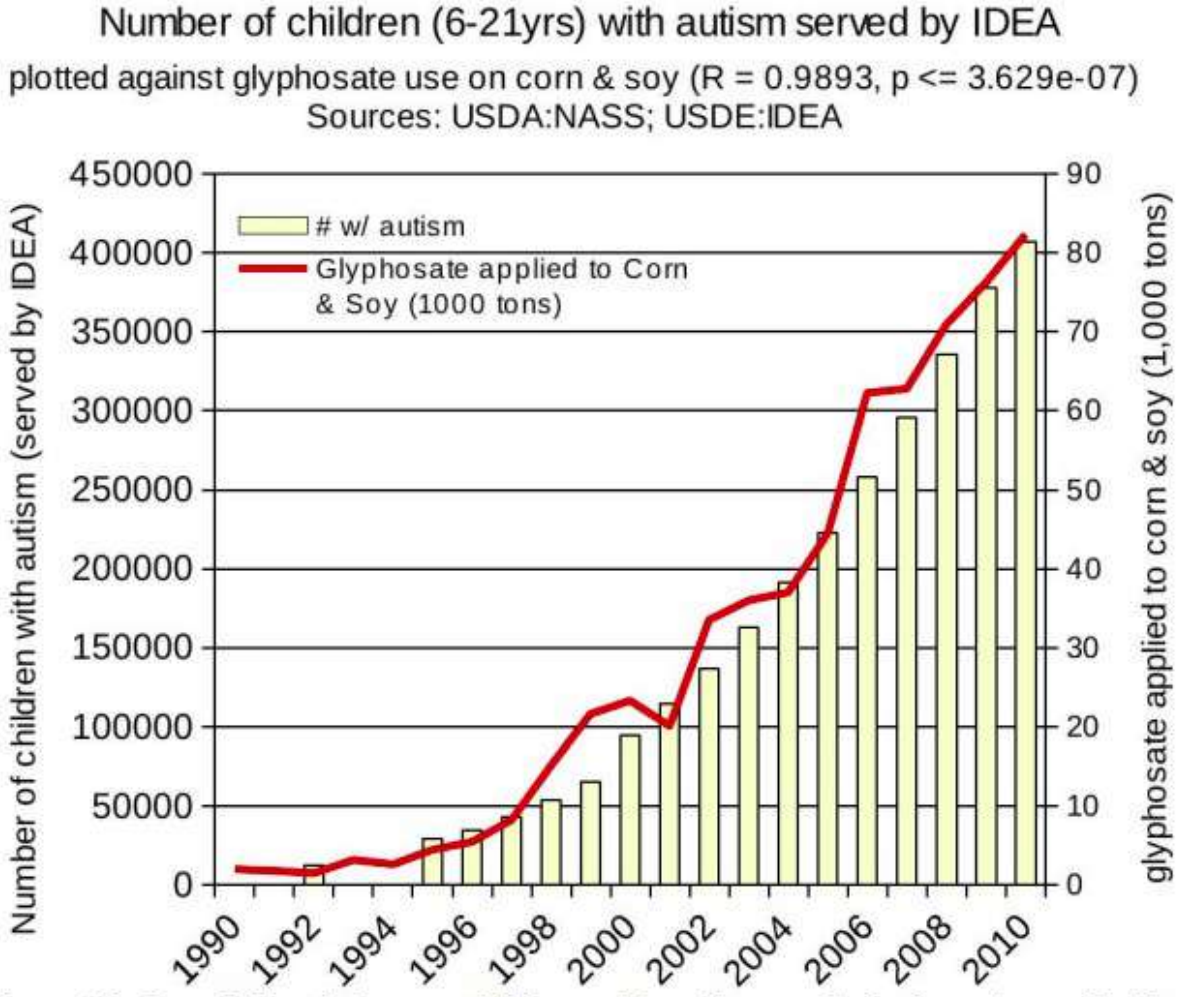


Figure 23. Correlation between children with autism and glyphosate applications.

Table 4. Glyphosate levels in vaccines determined by ELISA reported to the US CDC, NIH, FDA and UN WHO of the Americas in September 2016 by Samsel Environmental & Public Health Services.[a]

Vaccine undiluted	Manufacturer	Lot number Exp date	Test date Lab #	Glyphosate residue (ppb)	% Recovery in spiked sample
DTaP ADACEL	SANOFI PASTEUR NDC	58160-820-43 3-30-2018	7-15-2016 LAB #1	0.109	82%
DTaP	SANOFI PASTEUR	C50418A 9-2-2018	5-11-2016 LAB #1	< 0.075	81%
DTaP ADACEL	SANOFI PASTEUR	NDC 58160-820-43 3-30-2018	7-12-2016 LAB #2	ND	-
HEPATITIS-B	MERCK	LO16427 4-13-2017	5-11-2016 LAB #1	< 0.075	97%
HEPATITIS ENGERIX-B	GLAXOSMITH- KLINE	NDC 58160-820-43 6-1-2018	7-15-2016 LAB #1	0.337	73%
INFLUENZA FLUZONE QUAD	SANOFI PASTEUR	6762 6-30-2016	7-15-2016 LAB #1	0.170	95%
INFLUENZA	NOVARTIS	1573 3P 05/2016	5-11-2016 LAB #1	0.227	106%
Pneumococcal PNEUMOVAX 23	MERCK	700281601 5-18-2017	9-19-2016 LAB #1	0.112	118%
MMR II	MERCK	7002151400 9-9-2017	7-15-2016 LAB #1	3.740	-
MMR II	MERCK	009545 3-19-2017	5-11-2016 LAB #1	2.963	-
MMR II	MERCK	7002151400 9-9-2017	9-19-2016 LAB #1	3.154	-
MMR II	MERCK	7002151400 9-9-2017	7-12-2016 LAB #2	2.90	-
MMRV PROQUAD	MERCK	7002305700 9-12-2017	9-19-2016 LAB #1	0.659	103%
MMRV PROQUAD	MERCK	7002305700 9-12-2017	7-15–2016 LAB #1	0.512	86%
MRV PROQUAD	MERCK	7002305700 9-12-2017	7-12-2016 LAB #2	0.43	-
Pneumococcal PNEUMOVAX 23	MERCK	700281601 5-18-2017	7-15-2016 LAB #1	< 0.075	77%
Pneumococcal PREVNAR 13	WYETH	73332 07/2017	5-11-2016 LAB #1	< 0.075	82%
Pneumococcal PNEUMOVAX 23	MERCK	7002681601 5-18-2017	7-12-2016 LAB #2	ND	-
STERILE DILUENT	MERCK, SHARP & DOHME	LO 40058 5-11-2018	7-15-2016 LAB #1	< 0.075	97%
VARICELLA VARIVAX	MERCK	7002025000 2-8-2018	7-15–2016 LAB #1	0.556	84%
MVARICELLA VARIVAX	MERCK	7002025000 2-8-2018	7-12-2016 LAB #2	0.41	-
ZOSTER ZOSTAVAX	MERCK	7002502401 6-1-2017	9-19-2016 LAB #1	0.620	95%
ZOSTER ZOSTAVAX	MERCK	7002602401 6-1-2017	7-15-2016 LAB #1	0.558	98%
ZOSTER ZOSTAVAX	MERCK	7002602401 6-1-2017	7-12-2016 LAB #2	0.42	-

[a] Limits of detection for glyphosate in vaccines in parts per billion (ppb):[1] 0.075 (LAB #1); 0.15 (LAB #2).

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Low-dose glyphosate exposure alters gut microbiota composition and modulates gut homeostasis

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Abstract

The widespread use of glyphosate, a broad-spectrum herbicide, has resulted in significant human exposure, and recent studies have challenged the notion that glyphosate is safe for humans. Although the link between disease states and glyphosate exposure is increasingly appreciated, the mechanistic links between glyphosate and its toxic effects on human health are poorly understood. Recent studies have suggested that glyphosate may cause toxicity through modulation of the gut microbiome, but evidence for glyphosate-induced gut dysbiosis and its effect on host physiology

EFFETTI AVVERSI BREVE PERIODO → **FARMACOVIGILANZA**

(seconda ora, argomento farmacosorveglianza attiva e passiva)

E NEL MEDIO-LUNGO PERIODO? COSA ACCADE?
STANNO MEGLIO DA ADULTI I BAMBINI VACCINATI O QUELLI MAI VACCINATI?

Tutti gli studi di altà qualità, peer-reviewed, indipendenti ed in assenza di conflitti d'interesse che confrontano nel lungo periodo popolazioni vaccinate e non vaccinate omogenee concludono che...

i bambini No vax hanno una mortalità inferiore, un'incidenza di malattie croniche di gran lunga più bassa ed uno stato di salute generale migliore!

BOOOMM!!!

frontiers in Public Health

ORIGINAL RESEARCH
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Evidence of Increase in Mortality After the Introduction of Diphtheria–Tetanus–Pertussis Vaccine to Children Aged 6–35 Months in Guinea-Bissau: A Time for Reflection?

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Research Paper

The Introduction of Diphtheria-Tetanus-Pertussis and Oral Polio Vaccine Among Young Infants in an Urban African Community: A Natural Experiment

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Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12-year-old U.S. children

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Abstract

Vaccinations have prevented millions of infectious illnesses, hospitalizations and deaths among U.S. children, yet the long-term health outcomes of the vaccination schedule remain uncertain. Studies have been recommended by the U.S. Institute of Medicine to address this question. This study aimed 1) to compare vaccinated and unvaccinated children on a broad range of health outcomes, and 2) to determine whether an association found between vaccination and neurodevelopmental disorders (NDD), if any, remained significant after adjustment for other measured factors. A cross-sectional study of mothers of children educated at home was carried out in collaboration with homeschool organizations in four U.S. states: Florida, Louisiana, Mississippi and Oregon. Mothers were asked to complete an anonymous online questionnaire on their 6- to 12-year-old biological children with respect to pregnancy-related factors, birth history, vaccinations, physician-diagnosed illnesses, medications used, and health services. NDD, a derived diagnostic measure, was defined as having one or more of the following three closely-related diagnoses: a learning disability, Attention Deficient Hyperactivity Disorder, and Autism Spectrum Disorder. A convenience sample of 666 children was obtained, of which 261 (39%) were unvaccinated. The vaccinated were less likely than the unvaccinated to have been diagnosed with chickenpox and pertussis, but more likely to have been diagnosed with pneumonia, otitis media, allergies and NDD. After adjustment, vaccination, male gender, and preterm birth remained significantly associated with NDD. However, in a final adjusted model with interaction, vaccination but not preterm birth remained associated with NDD, while the interaction of preterm birth and vaccination was associated with a 6.6-fold increased odds of NDD (95% CI: 2.8, 15.5). In conclusion, vaccinated homeschool children were found to have a higher rate of allergies and NDD than unvaccinated homeschool children. While vaccination remained significantly associated with NDD after controlling for other factors, preterm birth coupled with vaccination was associated with an apparent synergistic increase in the odds of NDD. Further research involving larger, independent samples and stronger research designs is needed to verify and understand these unexpected findings in order to optimize the impact of vaccines on children's health.

Journal of Translational Science

Research Article

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Health effects in vaccinated versus unvaccinated children, with covariates for breastfeeding status and type of birth

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Abstract

Using survey data from respondents associated with three medical practices in the US, vaccinated children were compared to unvaccinated children for the incidence of severe allergies, autism, gastrointestinal disorders, asthma, ADHD, and chronic ear infections. All diagnoses were based on parental reporting with chart review for confirmation of diagnoses. Cases were stratified with non-cases based on year of birth and sex, and compared using a logistic regression model which also accounted for breastfeeding status and type of birth (vaginal versus cesarean section). Vaccinated children were significantly more likely than unvaccinated children to be diagnosed with severe allergies (OR = 4.31, 95% CI 1.67 - 11.1), autism (OR = 5.03, 95% CI 1.64 - 15.5), gastrointestinal disorders (OR = 13.8, 95% CI 5.85 - 32.5), asthma (OR = 17.6, 95% CI 6.94 - 44.4), ADHD (OR = 20.8, 95% CI 4.74 - 91.2), and chronic ear infections (OR = 27.8, 95% CI 9.56 - 80.8). Vaccinated children were less likely to be diagnosed with chickenpox (OR = 0.10, 95% CI 0.029 - 0.36). Children who were "vaccinated and not breastfed" or "vaccinated and delivered via cesarean section" had the highest rates of adverse health outcomes. In this study, higher ORs were observed within the vaccinated versus unvaccinated groups for several adverse health conditions. Further research is essential to understand the full scope of health effects associated with childhood vaccination.

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SAGE

Analysis of health outcomes in vaccinated and unvaccinated children: Developmental delays, asthma, ear infections and gastrointestinal disorders

Brian S Hooker[1] and Neil Z Miller[2]

Abstract

Objective: The aim of this study was to compare the health of vaccinated versus unvaccinated pediatric populations.

Methods: Using data from three medical practices in the United States with children born between November 2005 and June 2015, vaccinated children were compared to unvaccinated children during the first year of life for later incidence of developmental delays, asthma, ear infections and gastrointestinal disorders. All diagnoses utilized International Classification of Diseases–9 and International Classification of Diseases–10 codes through medical chart review. Subjects were a minimum of 3 years of age, stratified based on medical practice, year of birth and gender and compared using a logistic regression model.

Results: Vaccination before 1 year of age was associated with increased odds of developmental delays (OR = 2.18, 95% CI 1.47–3.24), asthma (OR = 4.49, 95% CI 2.04–9.88) and ear infections (OR = 2.13, 95% CI 1.63–2.78). In a quartile analysis, subjects were grouped by number of vaccine doses received in the first year of life. Higher odds ratios were observed in Quartiles 3 and 4 (where more vaccine doses were received) for all four health conditions considered, as compared to Quartile 1. In a temporal analysis, developmental delays showed a linear increase as the age cut-offs increased from 6 to 12 to 18 to 24 months of age (ORs = 1.95, 2.18, 2.92 and 3.51, respectively). Slightly higher ORs were also observed for all four health conditions when time permitted for a diagnosis was extended from ⩾ 3 years of age to ⩾ 5 years of age.

Conclusion: In this study, which only allowed for the calculation of unadjusted observational associations, higher ORs were observed within the vaccinated versus unvaccinated group for developmental delays, asthma and ear infections. Further study is necessary to understand the full spectrum of health effects associated with childhood vaccination.

Original Article

HET

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SAGE

Infant mortality rates regressed against number of vaccine doses routinely given: Is there a biochemical or synergistic toxicity?

Neil Z Miller and Gary S Goldman

Abstract

The infant mortality rate (IMR) is one of the most important indicators of the socio-economic well-being and public health conditions of a country. The US childhood immunization schedule specifies 26 vaccine doses for infants aged less than 1 year—the most in the world—yet 33 nations have lower IMRs. Using linear regression, the immunization schedules of these 34 nations were examined and a correlation coefficient of $r = 0.70$ ($p < 0.0001$) was found between IMRs and the number of vaccine doses routinely given to infants. Nations were also grouped into five different vaccine dose ranges: 12–14, 15–17, 18–20, 21–23, and 24–26. The mean IMRs of all nations within each group were then calculated. Linear regression analysis of unweighted mean IMRs showed a high statistically significant correlation between increasing number of vaccine doses and increasing infant mortality rates, with $r = 0.992$ ($p = 0.0009$). Using the Tukey-Kramer test, statistically significant differences in mean IMRs were found between nations giving 12–14 vaccine doses and those giving 21–23, and 24–26 doses. A closer inspection of correlations between vaccine doses, biochemical or synergistic toxicity, and IMRs is essential.

International Journal of Vaccine Theory, Practice, and Research

IJVTPR

Health versus Disorder, Disease, and Death: Unvaccinated Persons Are Incommensurably Healthier than Vaccinated

Joy Garner

Founder of the Control Group, https://www.thecontrolgroup.org/, email: info.cg@thecontrolgroup.org

ABSTRACT

Results from the 2019/2020 nationwide Control Group Survey of Unvaccinated Americans (CGS) show that those refusing vaccines are thriving while those accepting them are being injured and met with a multiplicity of grave injuries as well as sudden unexpected death. This survey quantified the long-term health risks of total vaccine avoidance against the health outcomes observed in the 99.74% vaccine-exposed American population. Based upon the sample sizes for the controls vs. the exposed

CONCLUSIONI

- Correlazione forte in tutti i Paesi tra mortalità e numero di vaccini somministrati, il che suggerisce azione sinergica e cumulativa.

- Rischio massimo di ASD/NDD associato alla vaccinazione pre e post-natale, tanto più quanto minore è l'età del bebè (In Giappone quando presero a vaccinare dopo i 3 anni videro un crollo dei casi di autismo)
  Gardner trova 2 casi su 1482 bimbi No vax, ma entrambi erano stati sottoposti a vit. K e vax pre-natale. Dei 1024 bambini "purissimi" 0 casi, mentre avrebbero dovuto essercene tra 10 e 30 secondo statistiche USA.

- Iniezione Vitamina K alla nascita (contiene adiuvanti) è fattore di rischio

- Parto cesareo, allattamento non naturale sono fattori di rischio

- esposizione delle future mamme ad antidepressivi è fattore di rischio

- esposizione a paracetamolo (in gravidanza e per calmierare stato febbrile post-vaccinazione) è fattore di rischio

- fattori genetici

The Cause of Most Long-Term Health Injuries and Morbidities

Based upon the size of the random sample of adult controls, the odds that vaccines are *not* the cause of well over 90% of the disabling chronic conditions suffered by Americans over the age of 18 are 1 in 245,083,100,778,672,000,000, 000,000,000,000,000,000,000,000,000,000,000,000,000,000 (or $p < 4.08E\text{-}63$). This profound evidence of cause is exponentially more certain than the highest threshold standard of proof relied upon in any branch of science in existence today.

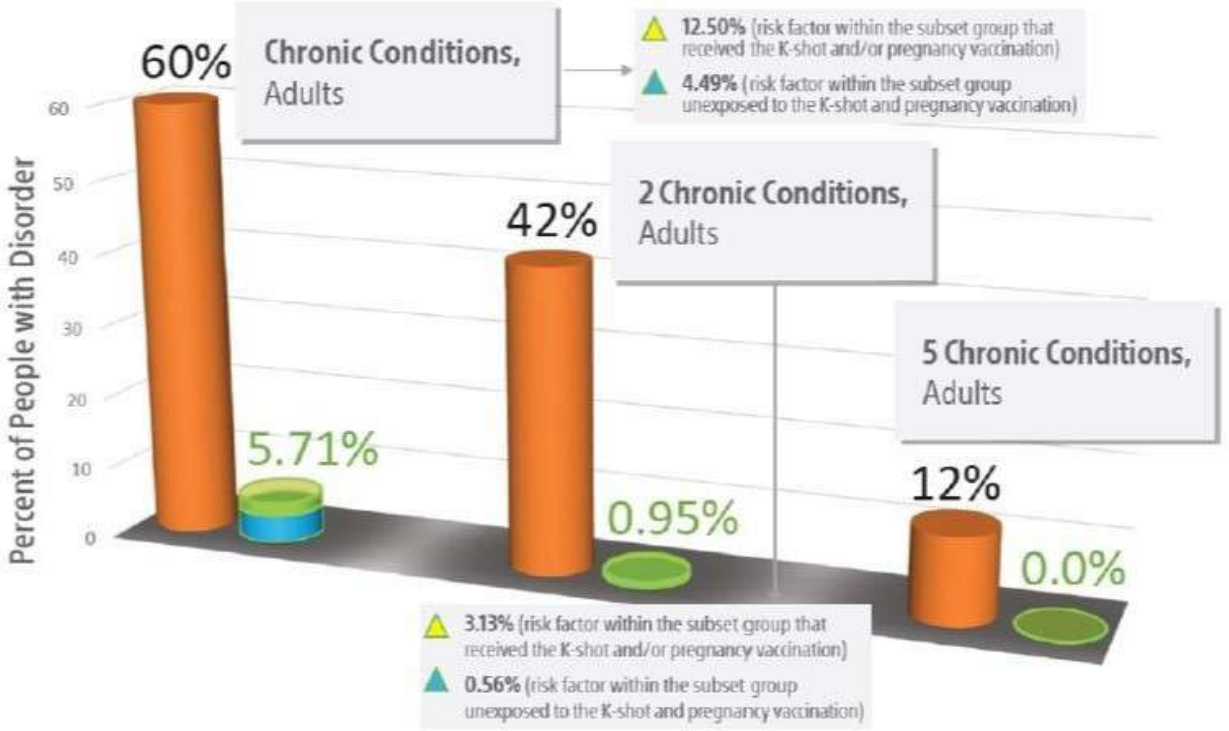


Figure 2. The *Control Group Pilot Survey of Unvaccinated Americans* (*CGS*) contrasting adults with no post-birth vaccinations (green, yellow, and blue) against those with post-birth vaccinations (orange). Subsets in the unvaccinated group consisted of those exposed to the post-birth vitamin K-shot and/or a maternal pregnancy vaccine (blue) against those not exposed (transparent green and yellow).

CONCLUSIONS

It is generally claimed that unvaccinated persons have higher rates of infection with "vaccine preventable" diseases than do those who are vaccinated, but here it is demonstrated that the unvaccinated have lower rates of injuries leading to disease, disability, and death. If the ultimate goal of vaccination were to *prevent* injury, disabilities and deaths, (which does not appear to be the case) it is plain that they have failed. Instead they have dramatically *increased* both deadly health conditions and associated deaths. On the whole, there is no reason to doubt the essential findings of the *CGS*: people who avoid the vaccines and the vitamin K shot are much healthier than those who accept the false narrative promoted by the CDC. Vaccines are not saving millions of lives and they are not safe. Whereas infections with vaccine-targeted pathogens were not the focus of the *CGS*, it is hard to believe that these infections could lead to worse outcomes than the conditions people acquire after receiving the vaccines that are supposed to prevent them.

causing long-term and progressive health destruction, and that they can also cause death. The only remaining question, which has now been answered by the *CGS* is: how many victims are there? The Control Group graphs demonstrate how many victims there were in 2020, and this was before the roll-out of the poorly evaluated new technology used in the COVID-19 vaccines. Vaccines seriously injure the immune systems of most people who are exposed to them, thereby causing these disabling and deadly conditions, most of which lead to an early grave. As a final word, people only have to look at the results of multiple boosters with the mRNA COVID-19 shots to see that those vaccines in particular, the most costly and the most widely distributed in the history of the world, are not only unsafe, but, in the final analysis, they are remarkably ineffective at preventing either disease from the SARS-CoV-2 virus or death after bring infected and injected multiple times with a COVID-19 vaccine.

Conflicts of Interest

The author declares no conflicts of interest.

STUDIO DI MARKUS ZERVOS (SENZA PALLE!)

Quasi 20.000 bambini seguiti in Michigan dal 2000 al 2016, di cui 2000 No vax integrali. Studio statisticamente dunque estremamente robusto!

Conclusioni identiche alle precedenti. Studio tuttavia non publbicato su rivista e sottoposto a peer review perché…
«pubblicare una cosa del genere così esplosiva equivale alla fine della mia carriera»

Impact of Childhood Vaccination on Short and Long-Term Chronic Health Outcomes in Children:

A Birth Cohort Study

Lois Lamerato, PhD[1], Abigail Chatfield, MS[1], Amy Tang, PhD[1], Marcus Zervos, MD[2,3]

Henry Ford Health System, Detroit MI

Department of Public Health Sciences[1]

Division of Infectious Diseases[2]

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CONCLUSIONI

Fattori di rischio certi sono vaccinazione pre e post natale, iniezione di vitamina K, allattamento artificiale, parto cesareo, esposizione ad antidepressivi e paracetamolo...



Ogni qual volta l'uomo si allontana dalla natura e dalle leggi eterne ed immutabili di Dio seguendo il delirio "illuminista" di onnipotenza della dea scienzah, ne paga le conseguenze!

ANALISI COSTI / BENEFICI DELLA VACCINAZIONE PEDIATRICA

Sempre positiva perché…

- **benefici sovrastimati**
- **effetti avversi nascosti**

→ decadimento temporale dell'immunità acquisita non considerata
(né in fase di studio, né a farmaco immesso nel mercato)

→ studi condotti con falso placebo
(in fase di studio abbatte drasticamente gli effetti avversi)

→ mismateched framing
(propaganda successiva post autorizzazione)

→ farmacovigilanza passiva e non attiva
(abbatte i dati di effetti avversi)

→ fallacie logiche per mantener alta la fiducia nel popolo

1. BENEFICI SOVRASTIMATI (SI IGNORA DECADIMENTO TEMPORALE)

Studi condotti in conflitto d'interesse, che adoperano tutti i trucchetti visti la volta scorsa.

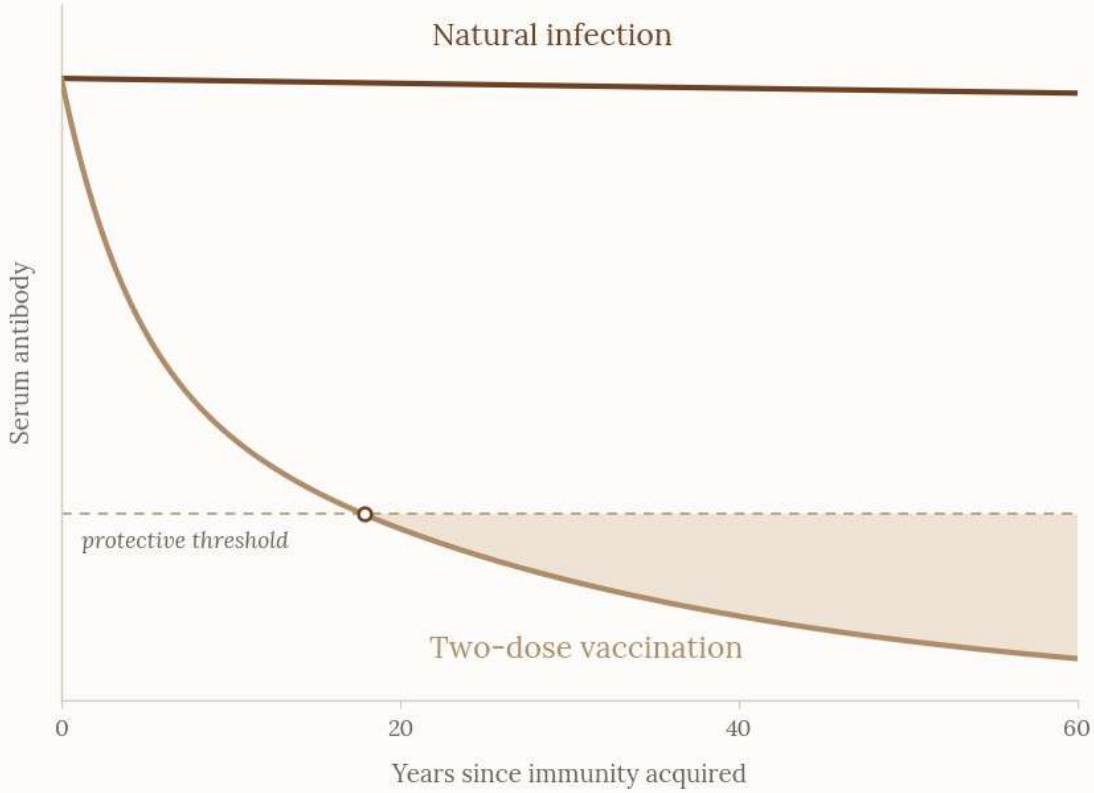
L'immunità artificiale è di gran lunga peggiore di quella naturale (praticamente eterna) fornita dalla malattia: essa decade nel tempo scendendo sotto la soglia di protezione dopo 10-15 anni dall'ultimo richiamo.
E neppure beneficia di dosi booster di ripristino!

MALONE.NEWS

The Measles Booster Problem

Vaccine immunity fades, and another dose does not restore it.

Robert W. Malone, MD, MS



HUMAN VACCINES & IMMUNOTHERAPEUTICS
2021, VOL. 17, NO. 7, 2078–2084
https://doi.org/10.1080/21645515.2020.1871296

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RESEARCH PAPER

OPEN ACCESS

Long-term immunogenicity after measles vaccine vs. wild infection: an Italian retrospective cohort study

Francesco Paolo Bianchi, Simona Mascipinto, Pasquale Stefanizzi, Sara De Nitto, Cinzia Germinario, and Silvio Tafuri

Department of Biomedical Science and Human Oncology, Aldo Moro University of Bari, Bari, Italy

ABSTRACT

The persistence of specific IgG after measles infection and after measles vaccination has not been sufficiently investigated. Current evidence suggests that immunity after the disease is life-long, whereas the response after two doses of measles-containing vaccine declines within 10–15 years. This study evaluated the proportion of individuals with detectable anti-measles IgG in two groups, those vaccinated with two doses of anti-MMR vaccine and those with a self-reported history of measles infection. Among the 611 students and residents who were tested, 94 (15%) had no detectable protective anti-measles IgG. This proportion was higher among vaccinated individuals (20%; GMT = 92.2) than among those with a self-reported history of measles (6%; GMT = 213.3; $p < .0001$). After one or two MMR vaccine booster doses, the

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KEYWORDS
Long time immunogenicity; measles elimination era; natural booster; additional booster; healthcare workers

Journal of Medical Virology

WILEY

RESEARCH ARTICLE OPEN ACCESS

JOURNAL OF MEDICAL VIROLOGY

Seronegative Vaccinees May Not Benefit From Multiple Booster Doses of MMR Vaccine in Restoring Immunity

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Keywords: booster | immune response | measles | MMR | nonresponders | vaccine

ICAN
Informed Consent Action Network

None of the 72 vaccine doses the CDC recommends for routine injection into children were licensed by the FDA based on a long-term placebo-controlled trial

Type	Doses[1]	Age Injected	Brand	Company[2]	Control	Placebo?	Safety Review After Injection[3]	Long	Source	Note
HepB	3	Birth 1M 6M	Recombivax HB	M	None	NO	5 days	NO	Package insert at § 6.1	Note that to license a vaccine for children, the FDA relies upon the clinical trial conducted with children, not adults, because as the FDA explains, "It's important that the public recognize that, because young children are still growing and developing, it's critical that thorough and robust clinical trials of adequate size are completed to evaluate the safety and the immune response to a ... vaccine in this population. Children are not small adults[.]"
			Engerix B	G	None	NO	4 days	NO	Package insert at § 6.1	
DTaP	15	2M 4M6M 15M 4Y	Infanrix	G	DTP	NO	30 days		Package insert at § 6.1	DTP was also not licensed based on a placebo controlled trial and it increases mortality. The 6-month Daptacel trial had no control, 1,454 children and "[w]ithin 30 days following any dose of DAPTACEL, 3.9% subjects reported at least one serious adverse event."
			Daptacel	S	DT or DTP	NO	Up to 2 months + 1 trial 6 months	NO	Package insert at § 6.1	
PCV	4	2M 4M 6M 12M	Prevnar 13, PCV-13	P	Prevnar 7	NO	6 months	NO	Package insert at § 6.1	Prevnar 7 trial's control was an "[i]nvestigational meningococcal group C conjugate vaccine." In Prevnar 13 trial, "[s]erious adverse events reported following vaccination in infants and toddlers occurred in 8.2% among Prevnar 13 recipients and 7.2% among Prevnar 7 recipients." In Vaxneuvance trial, "serious adverse events...were reported by 9.6% of VAXNEUVANCE recipients and by 8.9% of Prevnar 13 recipients" but deemed "safe" because "no notable patterns or numerical imbalances between vaccination groups." Prevnar 20 had similar result split into "serious adverse events" and "newly diagnosed chronic medical conditions."
			Vaxneuvance PCV-15	M	Prevnar 13	NO	6 months	NO	Package insert at § 6.1	
			Prevnar 20, PCV-20	P	Prevnar 13	NO	6 months	NO	Package insert at § 6.1; Clinical Review	
IPV	4	2M4M 6M 4Y	IPOL	S	None	NO	3 days	NO	Package insert at 14-17	IPOL is very different than the polio vaccine created by Jonas Salk in the 1950s (used until 1960s). Hence, trials of Salk's vaccine from the 1950s were not relied upon to license IPOL.
Hib	3 or 4	2M 4M 6M 12M	ActHIB	S	HepB	NO	30 days	NO	Package insert at § 6.1; Basis of Approval at 8	Within 30 days of injection in the ActHIB trial, 3.4% experienced a serious adverse event but "[n]one was assessed by the investigators [Sonafi] as related to the study of vaccines." Lyophilized PedvaxHIB vaccine, used as the control for Liquid PedvaxHIB, was tested in a trial in which controls were given placebo, OPV, and DTP but there is no indication Lyophilized PedvaxHIB was ever licensed.
			Hiberix	G	HibTITER or other vaccine	NO	31 days	NO	Package insert at § 6.1; Clinical review at 20-21	
			Liquid PedvaxHIB	M	Lyophilized PedvaxHIB	NO	3 days	NO	Package insert at 6-8	
RV[4]	2 or 3	2M 4M 6M	Rotarix	G	Dextran, Sorbitol, Amino Acids, Dulbecco's Modified Eagle Medium, and Xanthan	NO	31 days + 1 year for intussusception	NO	Package insert at § 6.1; Clinical review at 23-24	"[T]here were 68 (0.19%) deaths following...ROTARIX...and 50 (0.15%) deaths following placebo.... The most common...cause...was pneumonia...observed in 19 (0.05%) recipients of ROTARIX and 10 (0.03%) placebo recipients." Its clinical review admits "[t]he placebo consisted of all components of Rotarix, but without any RV particles." The package insert for RotaTeq similarly admits its "placebo" contains multiple ingredients as seen to the left.
			RotaTeq	M	Polysorbate-80, Tissue Culture Medium, Fetal Bovine Serum, and Sodium Phosphate	NO	42 days + 1 year for intussusception	NO	Package insert at § 6.1; Clinical reports at 445 etc.	
Covid19	3	6M 7M 10M	Comirnaty	P	Placebo	YES	6 months	NO	Package insert at § 6.1	Comirnaty licensed for only 12+ (Spikevax, Moderna, only 18+). Placebo controls unblinded and most vaccinated during the trial. All data 16+ is combined but 12-15 data is separate, had 1,131 vaccinated children, and one participant shows how this trial was conducted.

ESEMPIO PER CAPIRE IL FALSO PLACEBO

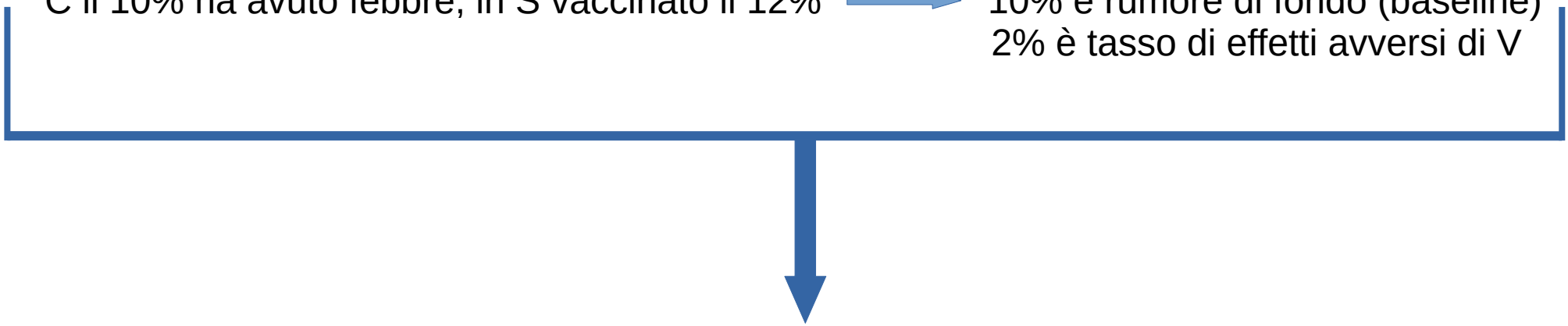
Gruppo S = Gruppo sperimentale, assume il vaccino V per la malattia M
Gruppo C = Gruppo di controllo, assume placebo P

10 infetti in S dopo 6 mesi, 100 infetti in C → **V ha efficacia 90%**

C il 2% ha avuto febbre, in S vaccinato il 12% → 2% è rumore di fondo (baseline)
10% è tasso di effetti avversi di V

Cosa accade se in C la percentuale di febbre sale al 10%?

C il 10% ha avuto febbre, in S vaccinato il 12% → 10% è rumore di fondo (baseline)
2% è tasso di effetti avversi di V



MAGGIORI SONO GLI EVENTI AVVERSI IN C, MINORI SONO I DANNI ATTRIBUIBILI A V

TRUCCHETTO DEL FALSO PLACEBO: sostanza non inerte che genera effetti avversi (fisiologica con adiuvanti senza antigene o altri vaccini già in commercio)

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 NOVEMBER 17, 2011 VOL. 365 NO. 20

First Results of Phase 3 Trial of RTS,S/AS01 Malaria Vaccine in African Children

The RTS,S Clinical Trials Partnership*

ABSTRACT

BACKGROUND

An ongoing phase 3 study of the efficacy, safety, and immunogenicity of candidate malaria vaccine RTS,S/AS01 is being conducted in seven African countries.

METHODS

From March 2009 through January 2011, we enrolled 15,460 children in two age categories — 6 to 12 weeks of age and 5 to 17 months of age — for vaccination with either RTS,S/AS01 or a non-malaria comparator vaccine. The primary end point of the analysis was vaccine efficacy against clinical malaria during the 12 months after vaccination in the first 6000 children 5 to 17 months of age at enrollment who received all three doses of vaccine according to protocol. After 250 children had an episode of severe malaria, we evaluated vaccine efficacy against severe malaria in both age categories.

The authors are listed in the Appendix. All the authors assume responsibility for the overall content and integrity of the article. Address reprint requests to Ms. Kelsey Mertes at PATH Malaria Vaccine Initiative, Communications and Advocacy Unit, 455 Massachusetts Ave. NW, Suite 1000, Washington, DC 20001-2621, or at kmertes@path.org.

This article (10.1056/NEJMoa1102287) was published on October 18, 2011, at NEJM.org.

N Engl J Med 2011;365:1863-75.

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was designed to evaluate vaccine efficacy, safety, reactogenicity, and immunogenicity in children up to 32 months after the administration of the first dose of vaccine. The trial included two age categories: children 6 to 12 weeks of age and those 5 to 17 months of age at enrollment. The trial included three study groups in each age category: children who received all three doses of the RTS,S/AS01 vaccine administered at 1-month intervals and who were scheduled to receive a booster dose 18 months after the third dose, children who received the RTS,S/AS01 primary vaccination series without a booster, and a control group who received a non-malaria comparator vaccine. This first analysis combines the first two groups (referred to as the RTS,S/AS01 group) and compares this group with the control group (Fig. 2 in the Supplementary Appendix). Children in the Practice Guidelines.[16]

RANDOMIZATION AND VACCINATION

From March 2009 through January 2011, we randomly assigned 15,460 children to one of the three original study groups in a 1:1:1 ratio. Comparator vaccines were rabies vaccine (VeroRab, Sanofi-Pasteur) for children 5 to 17 months of age at enrollment and meningococcal serogroup C conjugate vaccine (Menjugate, Novartis) for children 6 to 12 weeks of age at enrollment. All vaccines were administered intramuscularly.

SURVEILLANCE FOR CLINICAL AND SEVERE MALARIA

Passive surveillance for malaria was undertaken from the time of the administration of the first dose of vaccine until the end of the study. Participants were encouraged to seek care at a health

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STUDY OVERSIGHT

The trial was sponsored by GlaxoSmithKline Biologicals (GSK), the vaccine developer and manufacturer, and funded by both GSK and the Program for Appropriate Technology in Health (PATH) Malaria Vaccine Initiative, which received a grant from the Bill and Melinda Gates Foundation. All study centers received study grants from the Malaria Vaccine Initiative, which also provided funding for authors' travel and accommodations related to this trial. All the authors reviewed all manuscript drafts, approved the final version of the manuscript, and made the decision to submit it for publication. The Clinical Trials Partnership Committee and Writing Group vouch for the completeness and accuracy of the data presented and for the fidelity of this report to the trial protocol.

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facility within the study area for any illness, and transportation was facilitated. All participants who presented to a study facility with a reported or measured fever during the previous 24 hours were evaluated for malaria (for details, see the Supplementary Appendix).

The primary efficacy end point for this analysis was the incidence of clinical malaria, which was defined as an illness in a child who was brought to a study facility with a temperature of 37.5°C or more and *P. falciparum* asexual parasitemia (>5000 parasites per cubic millimeter) or a case of malaria meeting the primary case definition of severe malaria.[12] Different parasite thresholds were used for secondary case definitions (Tables 1

a booster dose was given, or at the date of withdrawal of consent or death. Estimates of vaccine efficacy according to study site and according to

Jørgensen et al. Systematic Reviews (2020) 9:43
https://doi.org/10.1186/s13643-019-0983-y

Systematic Reviews

RESEARCH Open Access

Benefits and harms of the human papillomavirus (HPV) vaccines: systematic review with meta-analyses of trial data from clinical study reports

Lars Jørgensen[1], Peter C. Gøtzsche[2,3] and Tom Jefferson[1*]

EBM analysis: Primary care

The Cochrane HPV vaccine review was incomplete and ignored important evidence of bias

Lars Jørgensen ,[1] Peter C Gøtzsche,[1] Tom Jefferson[2]

10.1136/bmjebm-2018-111012

[1]Nordic Cochrane Centre, Rigshospitalet (dept. 7811), Copenhagen, Hovedstaden, Denmark
[2]Centre for Evidence Based Medicine, University of Oxford Centre for Evidence-Based Medicine, Oxford, UK

Introduction

The Cochrane Review conducted trial searches up until June 2017 and included 26 randomised trials with 73 428 women.[1] In January 2018, we published an index of the study programmes of the HPV vaccines that included 206 comparative studies.[2] As of June 2017, about a third of the 206 studies were not published and half of the completed studies listed on ClinicalTrials.gov had no results posted.[2] Although we sent our index to be attributable to the higher content of aluminium in the HPV vaccine [450 micrograms $Al(OH)_3$] than the content of aluminium in the HAV (hepatitis A) vaccine [225 micrograms $Al(OH)_3$].[7] The comparator hepatitis vaccines also used the HPV vaccines' aluminium-based adjuvant.

The Cochrane authors mistakenly used the term placebo to describe the active comparators. They acknowledged that 'The comparison of the risks of adverse events was compromised by the

BMJ EBM: first published as 10.1136/bm
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General medicine

OPEN ACCESS

EBM analysis

EMA's mishandling of an investigation into suspected serious neurological harms of HPV vaccines

Peter C Gøtzsche ,[1] Karsten Juhl Jørgensen[2]

MISMATCHED FRAMING (FORMULAZIONE ASIMMETRICA)

Trucchetto linguistico utilizzatissimo in vaccinologia che consente di massimizzare i benefici e minimizzare gli effetti avversi senza necessariamente mentire!
Un risultato mediocre o pessimo può esser mostrato in modo convincente!

Distorsione cognitiva che inganna tutti.

- I benefici del trattamento si presentano in termini relativi perché producono grandi numeri
- I rischi ed effetti avversi si presentano in termini assoluti perché producono piccoli numeri

ESEMPIO

- Valuto efficacia farmaco X per malattia M
- 1000 persone nel gruppo sperimentale S, 1000 persone nel gruppo di controllo C (P inerte)
- In S, 1 persona malata e 5 effetti avversi, in C 2 malate e senza nessun effetto avverso

Posso presentare i dati in 2 modi

MODO A: X riduce M del 50% ed ha effetti avversi in 0,5% dei casi
MODO B: X riduce M dello 0,1% (da 0,2 a 0,1%) ma presenta ADRs nello 0,5% dei casi



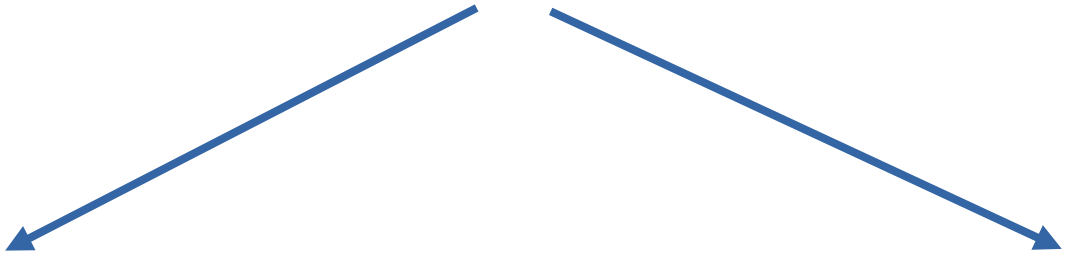
Entrambe le frasi sono giuste, ma MODO A convince il paziente, MODO B no!

LA FARMACOSORVEGLIANZA

Effetti avversi vaccinali presenti nei bugiardini

- **Lievi**: febbre, pianto inconsolabile, reazioni cutanee reversibili, dolore sito iniezione, gonfiore, mal di testa, malessere, nausea, stanchezza...
- **Medio-gravi**: trombocitopenia idiopatica, SIDS, reazione anafilattica, convulsioni, encefalopatie, epilessia, neuropatie, sindrome di Guillain Barrè... addirittura autismo

COSA DICONO I VACCINISTI? SEMPRE E SOLO DUE COSE



1) sono casi rarissimi

2) I rischi dell'immunizzazione sono sempre molto minori dei rischi della malattia stessa.

FARMACOSORVEGLIANZA ATTIVA / PASSIVA

Farmacovigilanza attiva: il paziente è seguito e monitorato nel tempo da equipe medica esperta nel riconoscere gli effetti avversi.

Farmacovigilanza passiva: il paziente segnala spontaneamente il danno

(**ADRs** = Adverse Reactions **SADRs** = Serious Adverse Reactions)

Problemi della vigilanza passiva

- Dipende dall'iniziativa del singolo (ignoranza, pigrizia, impegni, procrastinazione, non consapevolezza del danno subito, sfiducia nel sistema, stigma sociale in caso di danno vaccinale, medico che malconsiglia…)
- Dipende dalla complessità burocratica della segnalazione (sempre alta)
- Dipende dalla motivazione degli operatori sanitari (bassissima, soprattutto in tema vaccinale).



STUDIO MIGLIORE DI LAZARUS E ROSS AL VAERS

I dati reali e veritieri di effetti avversi vaccinali si ottengono moltiplicando i dati di vigilanza passiva per 330 circa (ADRs) e per un fattore tra 10 e 100 (SADRs).

Spontaneous adverse drug reaction reporting vs event monitoring: a comparison

A P Fletcher MB BS PhD *Post Marketing Surveillance Unit, IMS International Ltd, York House, Queen Square, London WC1N 3BH*

Keywords: post marketing surveillance; adverse drug reaction; spontaneous reporting; event monitoring

Summary

Spontaneous adverse drug reaction (ADR) reporting is the mainstay of national and international drug safety evaluation in the post-approval phase. A major criticism of the method has been a high, but essentially unquantifiable, level of under-reporting by doctors. A direct comparison has been made between spontaneous ADR reporting and an observational event monitoring system for a group of more than 44 000 patients receiving one or other of a group of seven new drugs. The data suggests that under-reporting by the spontaneous system may be as high as 98% for several clinical events believed to be associated with drug treatment.

Methods

The postmarketing surveillance studies from which the present data was taken involved approximately 44 000 patients contributed by approximately 8000 general practitioners who agreed to participate in the studies from all regions of the UK. Data collection from the general practitioner was paper-based and required the completion of simple registration and follow-up forms which were returned to a central unit for coding and analysis. In all cases patients were followed for a period of at least 12 months except for a nonsteroidal anti-inflammatory agent which was monitored for a variable period of time depending upon the duration of treatment. Data collection times were typically at 1, 3, 6, and 12 months after

UNIVERSITÀ DEGLI STUDI DI BARI ALDO MORO

Puglia OER

REGIONE PUGLIA

Trimestrale dell'Osservatorio Epidemiologico Regionale

ANNO XX • NUMERO 3 • OTTOBRE-DICEMBRE 2018

SORVEGLIANZA DEGLI EVENTI AVVERSI A VACCINO IN PUGLIA

Report 2013/2017

Grant Final Report

Grant ID: R18 HS 017045

Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP:VAERS)

Inclusive dates: 12/01/07 - 09/30/10

Principal Investigator:
Lazarus, Ross, MBBS, MPH, MMed, GDCompSci

Team members:
Michael Klompas, MD, MPH

Results

Preliminary data were collected from June 2006 through October 2009 on 715,000 patients, and 1.4 million doses (of 45 different vaccines) were given to 376,452 individuals. Of these doses, 35,570 possible reactions (2.6 percent of vaccinations) were identified. This is an average of 890 possible events, an average of 1.3 events per clinician, per month. These data were presented at the 2009 AMIA conference.

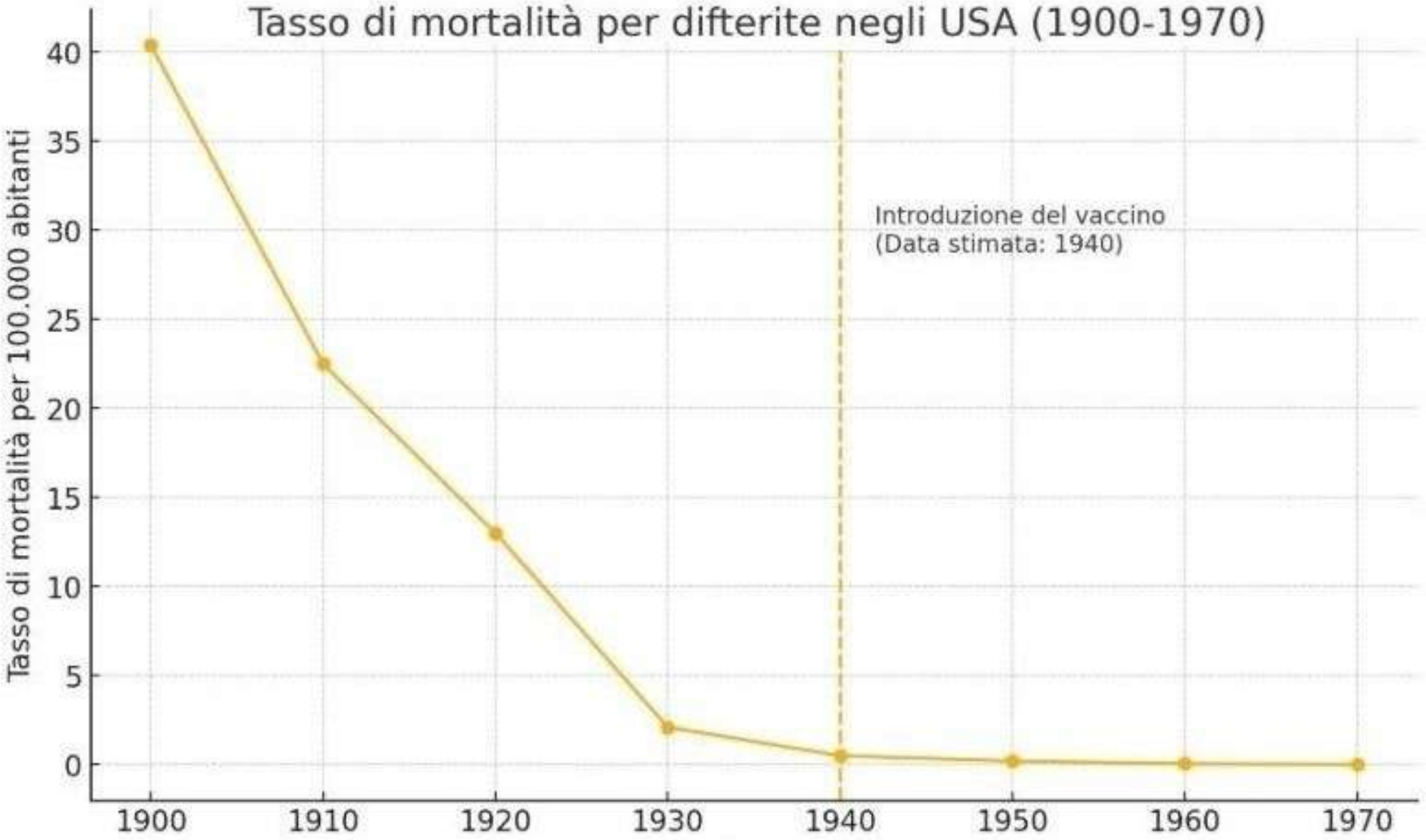
In addition, ESP:VAERS investigators participated on a panel to explore the perspective of clinicians, electronic health record (EHR) vendors, the pharmaceutical industry, and the FDA towards systems that use proactive, automated adverse event reporting.

Adverse events from drugs and vaccines are common, but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, fewer than 1% of vaccine adverse events are reported. Low reporting rates preclude or slow the identification of "problem" drugs and vaccines that endanger public health. New

FALLACIE LOGICHE

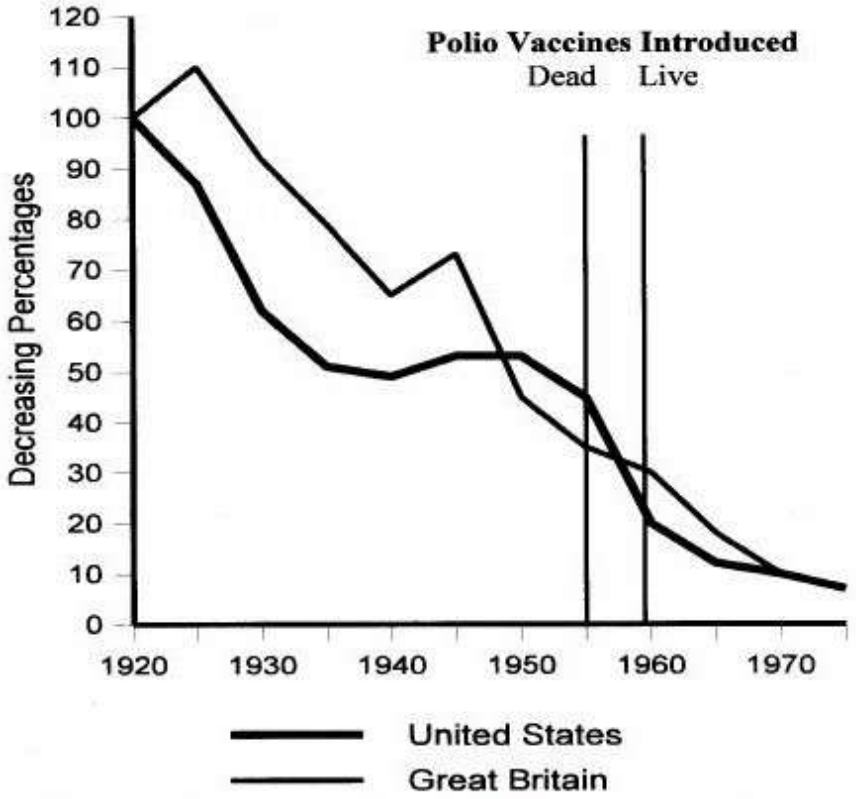
Ragionamenti molto persuasivi, ma totalmente scorretti ed illogici.

- **Fallacia ad metum ed ad misericordiam**
  (senza vaccino i bimbi occidentali moriranno come funghi!)
- **Fallacia "ad auctoritatem"** : lo hanno detto Burioni, l'OMS, l'AIFA!
- **Fallacia "ad populum"**: lo fanno tutti, possibile che siano tutti idioti?
- **La falsa dicotomia ("Tertium non datur")**
  o vaccini il bambino a poche settimane di vita, o morirà di epatite B o tetano!
- **Fallacia "Cum hoc ergo propetr hoc" - "insieme a questo, dunque a causa di questo"**
  Riduzione mortalità contestuale alla vaccinazione di massa, dunque la vaccinazione di massa è la causa della riduzione di mortalità
- **"generalizzazione frettolosa"**
  (anti vaiolosa caso di successo, ergo tutti i vaccini devono esser casi di successo)



Tasso di mortalità per difterite (es. per 100.000 abitanti) in USA o UK dal 1900 al 1970, con una linea verticale che indica la data di introduzione della vaccinazione di massa. Fonte: U.S. Bureau of the Census. (1975). Historical Statistics of the U.S., Colonial Times to 1970, Part 1, Series B 149-166.

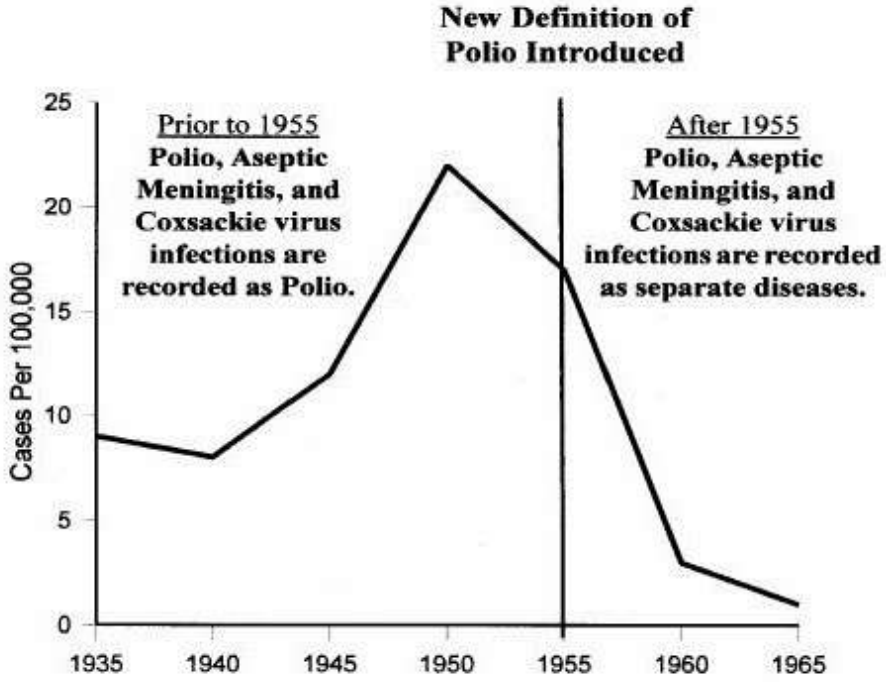
Figure 4. The polio death rate was decreasing on its own *before* the vaccine was introduced



From 1923 to 1953, before the Salk killed-virus vaccine was introduced, the polio death rate in the United States and England had already declined on its own by 47 percent and 55 percent, respectively. Source: International Mortality Statistics (1981) by Michael Alderson.

Cases of polio were more often reported as aseptic meningitis *after* the vaccine was introduced, skewing efficacy rates. Source: The Los Angeles County Health Index: Morbidity and Mortality, Reportable Diseases.

Figure 5. Polio cases were predetermined to decrease when the medical definition of polio was changed



Source: Congressional Hearings, May 1962; and National Morbidity Reports taken from U.S. Public Health surveillance reports.

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Prossimo appuntamento

Venerdì 13 novembre ore 18.30 – Auditorium comunale

LE BUFALE SCIENTIFICHE DELLA PANDEMIA (TUTTE!)

Relatori: Prof. Stefano Cipolloni
Dott. Attilio Cavezzi (?)
Dott. Vanni Frajese (?)
Dott. Paolo Bellavite (?)

In nómine Patris et Fílii et Spíritus Sancti. Amen.

Pater Noster

Pater noster, qui es in cælis:
sanctificétur Nomen Tuum:
advéniat Regnum Tuum:
fiat volúntas Tua,
sicut in cælo, et in terra.
Panem nostrum
cotidiánum da nobis hódie,
et dimítte nobis débita nostra,
sicut et nos
dimíttimus debitóribus nostris.
et ne nos indúcas in tentatiónem;
sed líbera nos a Malo.
Amen

Gloria

Glória Patri
et Fílio
et Spirítui Sancto.
Sicut erat in princípio,
et nunc et semper
et in sǽcula sæculórum.
Amen.

In nómine Patris et Fílii et Spíritus Sancti. Amen.

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